



DECLARATION OF SOURCE OF FUNDS

The Barbados Public Workers' Co-operative Credit Union Limited is required by law to verify the source of funds before accepting deposits to any account and to disclose such information to Law Enforcement Authorities where required. Failing to complete this form may result in the transaction not being accepted.

Transaction Location:

1. ACCOUNT HOLDER INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:		
FIRST NAME:		MIDDLE NAME(S):
DATE OF BIRTH (mm/dd/yyyy):		OCCUPATION:
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE No.(s): Home:	Work:	Ext.:
Mobile:		

2. DEPOSITOR INFORMATION (if different to account holder)

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:		
FIRST NAME:		MIDDLE NAME(S):
DATE OF BIRTH (mm/dd/yyyy):		
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE No.(s): Home:	Work:	Ext.:
Mobile:		

3. IDENTIFICATION (valid photo ID required. Include expiry date where appropriate)

<input type="checkbox"/> NATIONAL ID	<input type="checkbox"/> PASSPORT	<input type="checkbox"/> DRIVERS LICENCE	<input type="checkbox"/> OTHER (specify)
ID DETAILS:			
ISSUE DATE:			
EXPIRY DATE:			

4. DESCRIPTION/NATURE OF TRANSACTION:

TELLER DEPOSIT
 FAST DEPOSIT
 LOAN
 ATM
 MONETARY INSTRUMENT
 SUREPAY
 WIRE TRANSFER
 OTHER (specify)

For cheques, drafts etc give a brief description (e.g. Bank of Barbados chq #1234)	Currency and Amount (e.g. CAN \$5,000)	Official use only (Bds \$)
TOTAL		

DECLARATION

I declare that the source of funds is:

SALE OF PROPERTY
 SALE OF VEHICLE
 RETIREMENT PLAN
 CONSULTANCY
 INHERITANCE / TRUST FUND
 SAVINGS
 BUSINESS TRANSACTION
 OTHER (specify)

(Give details and show supporting evidence, e.g. receipt, invoice, bank receipt, e.t.c.)

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SIGNATURE OF DEPOSITOR _____

DATE (mm/dd/yyyy) _____

5. FOR OVERSEAS MEMBERS ONLY

NOTARIAL CERTIFICATE:

I _____, Notary Public in and for the Country/State/Province/County of _____ do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named _____ the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this _____ day of _____ 20 _____

PLACE NOTARIAL STAMP HERE

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Notary Public in and for the Country/State/Province/County of _____

FOR OFFICIAL USE ONLY

TRANSACTION APPROVED: YES NO (if no state reason)

NAME OF STAFF MEMBER COMPLETING TRANSACTION (please print):

SIGNATURE OF STAFF MEMBER COMPLETING TRANSACTION: DATE (mm/dd/yyyy):

NAME OF STAFF MEMBER AUTHORIZING TRANSACTION (please print):

SIGNATURE OF STAFF MEMBER AUTHORIZING TRANSACTION: DATE (mm/dd/yyyy):