HUGGINS Credit Union Co-operative Society Limited

KNOW YOUR MEMBER (KYM) FORM
Due Diligence to be applied to Existing Customers
(Financial Obligations Regulations S. 37)

Explanatory Notes:

1. The purpose of this checklist is to ensure that the identity of our MEMBERs and their source of funds are properly verified in order to achieve compliance with the Financial Obligations Regulations 2010. This checklist must be completed and submitted as part of our Due Diligence to be applied to existing MEMBERs in conformity with Anti-Money Laundering Laws and Regulations.
2. Name and address of the applicant mentioned on the KYM form, should match with the documentary proof submitted.
3. Copies of all the documents submitted by the applicant should be attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities or persons authorised to attest such documents.
4. For non-residents and foreign nationals, copies of passport or other acceptable forms of ID and overseas address are mandatory.
5. In order to comply with the Foreign Account Tax Compliance Act (FATCA) a United States based legislation, Huggins Credit Union is required to obtain identity information on its MEMBERS to determine if they are U.S. persons.

Please Complete This Form In Block Letters

MEMBER ACCOUNT #:_____

A. MEMBER'S IDENTITY DETAILS

Title: Mr.☐ Ms.☐ Mrs. ☐ **Status**: Single ☐ Married ☐ Divorced ☐ Common-Law ☐ Widowed ☐

Full Name: _____

Date of Birth (dd/mm/yy):_____/_____/_____	**Place of Birth:**
Nationality:	**Other** (please specify):
Resident: Yes☐ No☐	**If "No", state Country of Residence:**
Permanent Address:	
Mailing Address:	

Telephone Numbers:	**Home: ( )** _____	**Mobile 1: ( )** _____
	Work: ( ) _____	**Mobile 2: ( )** _____
Email Address: (1)		**(2)**

B. VERIFICATION OF IDENTITY AND ADDRESS (Certified True Copies of the Originals must be submitted)

ID Type (2 Forms)	**Number**	**Country of Issue**	**Expiry Date** (dd/mm/yy)
National ID			
Drivers Permit			
Passport			

Address Verification: Utility Bill (Electricity/Water/Telephone/Cable)☐ Current Bank Statement ☐ Certified Drivers Permit ☐

Other☐ Documents Attached: Yes☐ No☐

C. OCCUPATION DETAILS (Certified True Copies of Originals, including recent Job Letter/Pay Slip must be submitted)

Classification: Private Sector ☐ Public Sector☐ Government Service ☐ Self-Employed☐ Retired☐ Homemaker☐ Student☐

Occupation	**(If self-employed or with side job please complete):**
Employer	Occupation:
	Name of Business:
Employer Address	Business Address:
	Business Telephone Number: ( )
	VAT Registration Number (if applicable):
Employer Telephone Number: ( )	Certificate of Incorporation (if applicable): Copy Attached: Yes☐ No☐

Gross Annual Income Details: <$60,000 ☐ $60,000 - $120,000 ☐ $120,000 - $300,000 ☐ $300,000 - $400,000☐ >$400,000☐

D. POLITICALLY EXPOSED PERSONS (PEP)

Please tick if you fall into any of these categories:

Are you an **INDIVIDUAL** or the **IMMEDIATE FAMILY** of, or a **CLOSE PERSONAL/PROFESSIONAL ASSOCIATE** of;

Head of State or Government Senior politician Senior government, Judicial or Military Officials
Senior executives of State-owned corporation Important political party officials Director/Board member of an Int'l organisation

Yes ☐ **No** ☐

If yes, please provide details:_____

E. APPLICABLE TO NON-RESIDENTS ONLY (Please attach certified copies of documents/references as required)

Name and Address of Foreign Financial Institution:

Telephone No. of Foreign Financial Institution: ( )

Notarised Passport: ☐ Driver's Permit: ☐ Identification: ☐ Other: ☐ _____

AS REQUIRED BY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA REGULATIONS)

Do any of the following apply to the Policy Holders

US Indicia	Documentation Required	Documents Attached
US Citizens of lawful permanent resident ☐	W-9 or W-8BEN	Yes ☐ No ☐
US Birthplace ☐	• W-9 or W-8BEN • Non-US passport or similar documentation establishing foreign citizenship • Written explanation regarding US citizenship	Yes ☐ No ☐
US Address (residence and mailing) ☐	• W-9 or W-8BEN • Non-US passport or similar documentation establishing foreign citizenship	Yes ☐ No ☐
Instruction to transfer funds to US accounts or directions regularly received from a US address ☐	• W-9 or W-8BEN • Documentary evidence establishing non-US status	Yes ☐ No ☐
Only address on file is "in care of" or "hold mail" or US PO Box (Notice of 2001-34 excludes foreign PO Box as US Indicia) ☐	• W-9 or W-8BEN • Documentary evidence establishing non-US status	Yes ☐ No ☐
Power of Attorney or signatory authority granted to person with US address ☐	• W-9 or W-8BEN • Documentary evidence establishing non-US status	Yes ☐ No ☐

F. DECLARATION BY MEMEBR

I hereby declare that all of the information above is true, accurate and complete and Huggins Credit Union is entitled to rely fully on such information and representation as may be required by law, unless the Organization receives notice in writing of any change thereafter.

_____ _____ ____/____/____
Name of MEMBER Signature of MEMBER dd/mm/yy

If completed by intermediary on behalf of MEMBER: original authorization is required from MEMBER on appointment of intermediary

_____ _____ ____/____/____
Name of Intermediary (if applicable) Signature of Intermediary dd/mm/yy

Seal/Stamp of the Intermediary (if applicable)

ID Details of Intermediary: ID ☐ DP ☐ PP ☐ No.: _____ (Copy required)

FOR OFFICIAL USE ONLY

Originals verified ☐ **Certified Document copies received** ☐

_____ ___/___/___ _____ ___/___/___ _____ ___/___/___
Supervisor **dd/mm/yy** **Manager** **dd/mm/yy** **Compliance Officer** **dd/mm/yy**

Referenced:
CFATF/FATF Lists: □ Yes □ No
UN1718, 2231, 2253 Lists: □ Yes □ No
Web/Media □ Yes □ No