Manchester Co-operative Credit Union (1977) Ltd.

DECLARATION OF SOURCE OF FUNDS/VERIFICATION FOR SELF-EMPLOYED or UNEMPLOYED PERSONS

This form is in keeping with the Credit Union's AML/CFT Policy and the Bank of Jamaica (BOJ) Guidance Notes on the Detection and prevention of Money Laundering and Terrorist Financing Activities which require that we obtain information on member's/customer's source of funds.

This form must be completed by a Justice of the Peace (JP), Minister of Religion, Attorney-at-Law, a Municipal Councillor, Mayor or a Member of Parliament (MP) who have personally known the applicant/member for a period of at least twelve (12) months. The person certifying this declaration will be liable for prosecution for perjury where false or misleading is proven to have been made.

Branch: _____ Date: _____

Dear Sir/Madam:

I declare that Mr./Mrs./Ms./Dr./Prof. _____
(Enter applicant's/member's full and complete name as shown on ID)

of _____ has
(Enter applicant's address as shown on Proof of Address) member's full and complete name as shown on ID)

been known to me personally for the past _____ years.

SELF-EMPLOYED

☐ To the best of my knowledge, he/she is self-employed in the capacity of:

_____
(Please explain the nature of the applicant's self-employment, eg. A hairdresser who operates a hairdressing parlour)

and has been operating in this capacity since _____
(State Year)

at _____
(Enter address of applicant's business place)

Declared income: $ _____

OR

UNEMPLOYED

☐ To the best of my knowledge, he/she is unemployed, however receives funds from the following sources *(tick all that apply)*:

☐Friends & Family ☐ Child Support ☐ Alimony ☐ Parent

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☐ Charitable donations (state detail): _____
☐ State (government) assistance (state type): _____
☐ Spouse (state name): _____
☐ Odd jobs (informal), state detail: _____
☐ Remittance from overseas (state from whom and where-country): _____

(Documentary Evidence of the method of source is Required along with a valid government issued ID)

Declared income: $ _____

Declarant Information

Yours truly,

_____
(Signature of the Declarant)

NAME OF DECLARANT:

_____

Stamp or seal of Declarant

HERE

ADDRESS OF DECLARANT:

_____

_____

_____

OCCUPATION:

_____

TELEPHONE:

_____

OFFICIAL USE:

Account Type: _____ Account No.: _____ TRN: _____

Member/Customer's Name: _____

☐ Documentary evidence provided and accepted ☐ Documentary source inadequate

Member Service Representative/Teller: _____
(Signature of MSR/Teller)

Verified by Supervisor: _____
(MSO/Branch Manager Signature)