

Olive Trotman House, Keith Bourne Complex, Belmont Road, St. Michael. BB14000  
and Broad Street, Bridgetown- Telephone: (246) 434-2667  
FAX: Belmont Road (246) 437-8745 / FAX: Broad Street: (246) 228-8586  
Contact Centre: 430-5200

Date of Transaction: (dd/mm/yy)

Account Number:

## DECLARATION OF SOURCE OF FUNDS - LARGE TRANSACTION FORM

### Information on Business or Depositor (if different to account holder)

Name

Current Address:

Date of Birth: (dd/mm/yy)

Place of Birth

Nationality

Occupation

Telephone Numbers:

Home:

Work:

Mobile:

### Information on Account Holder

Name:

Current Address:

Date of Birth: (dd/mm/yy)

Place of Birth

Nationality

Occupation

Telephone Numbers:

Home:

Work:

Mobile:

### Identification: (Valid Picture ID required)

National ID  Passport  Driver's Licence  Other  (Please specify)

Identification details:

Description/Nature of Business Transaction:

Deposit  Fast Deposit  Loan  ATM  Monetary Instrument  Other  (specify)

For cheques, drafts etc give a brief description ( e.g. Bank of Barbados chq #1234)

Amount and Currency (e.g. \$US100)

Official use only (Bds \$)

TOTAL

The Barbados Public Workers' Co-operative Credit Union Ltd is required by law to verify the source of funds being deposited before accepting deposits and to disclose such information to the law enforcement authority, if required.

I declare that the source of funds / wealth is: (Show supporting evidence, e.g. receipt, invoice, bank receipt, e.t.c.)

Transaction Approved: Yes  No  (If no state reason)

Depositor's Signature:

Transaction Taken By: (Signature and Title)

Authorising Officer: (Signature and Title)

**FOR OVERSEAS MEMBERS ONLY**

**Notarial Certificate:**

I ....., Notary Public in and for the Country/State/Province/Country of ..... do hereby certify that on the day of the date hereof personally came and appeared before me a male/female who identified himself/herself to be 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

.....  
Notary Public  
In and for the Country/State/Province/( )  
of .....

**OFFICIAL USE ONLY**

Name of Authorising Staff Member :

Signature of Authorising Staff Member:

Date: (dd/mm/yyyy)