

Society of the Ventures & Investments Programme (VIP)

Statutory Compliance Form

Member RAN. _____

ALL FIELDS MUST BE COMPLETED IN BLOCK LETTERS. WHERE THE INFORMATION REQUIRED IS NOT APPLICABLE PLEASE PUT "NA"

SECTION 1: APPLICANT'S PERSONAL INFORMATION

Surname	First Name	Middle Name	
Mailing Address _____			
Alternative Address _____			
Home Ph _____	Mobile 1 _____	Mobile 2 _____	
Work Ph 1 _____	Work Ph 2 _____	Work Ph 3 _____	
Extension 1 _____	Extension 2 _____	Extension 3 _____	
Personal Email Address _____			
Work Email Address _____			
Date of Birth _____ DDMMYYYY	Gender M <input type="checkbox"/> F <input type="checkbox"/>	No. Children <input type="checkbox"/> No. Dependents <input type="checkbox"/>	
Place of Birth _____ Town or City	Country _____		
Nationality _____	Non-national <input type="checkbox"/>	Resident <input type="checkbox"/> Non-resident <input type="checkbox"/>	
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/>		
National Identification	Issue Date DDMMYYYY	Expiry Date DDMMYYYY	Country of Issuance
Driver's Permit	Issue Date DDMMYYYY	Expiry Date DDMMYYYY	Country of Issuance
Passport	Issue Date DDMMYYYY	Expiry Date DDMMYYYY	Country of Issuance
Birth Certificate PIN No. _____	Country of issuance _____		

SECTION 2: APPLICANT'S EMPLOYMENT INFORMATION & PERSONAL INTERESTS

Employment Status (Tick All Which Applies)	Pay Mode	Date Employed
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	DDMMYYYY
Particulars of Employment		
Public <input type="checkbox"/> Private <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____		
Monthly Income: Under \$10,000 <input type="checkbox"/> \$10,000 - \$20,000 <input type="checkbox"/> \$20,001 - \$40,000 <input type="checkbox"/> Over \$40,000 <input type="checkbox"/>		

Society of the Ventures & Investments Programme (VIP)

Statutory Compliance Form

Member RAN. _____

ALL FIELDS MUST BE COMPLETED IN BLOCK LETTERS. WHERE THE INFORMATION REQUIRED IS NOT APPLICABLE PLEASE PUT "NA"

Occupation _____ Employee No. _____

Employer _____

Employer Address _____

Account Funded By: Salary ☐ Other (eg. Bank Savings) _____

You May Add To These Major Personal Interests in Support of the Goals of the VIP (Add As Necessary)

☒ Savings; ☒ Innovation; ☒ Entrepreneurship; ☒ Social Networking; ☒ Community Development; ☒ Economic Diversification;
☒ Youth Development; ☒ Empowerment of Women; ☒ Reintegration of Reformed Convicts; ☒ Uplift Underachieving Men;
☒ Personal Development; ☒ Loans; ☒ Volunteerism; ☒ Co-operative Bank; ☒ Health & Wellness; ☒ Institutional Development;
☒ Mentorship; ☒ Welfare and Wellbeing of Others; ☐ Other _____

Applicant Signature _____ Date (DDMMYYYY) _____

Witness Signature _____ Date (DDMMYYYY) _____

SECTION 3: POLITICALLY EXPOSED PERSONS (PEPS) Individuals who are or have been entrusted with prominent functions by a foreign country or in Trinidad and Tobago. Please tick that which applies.

	YES	NO
1. Head of State?	<input type="checkbox"/>	<input type="checkbox"/>
2. Head of Government?	<input type="checkbox"/>	<input type="checkbox"/>
3. Senior Politicians [Parliament Members (national, local or THA elections), Senators, appointed to serve in the THA under the THA Act, Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act]?	<input type="checkbox"/>	<input type="checkbox"/>
4. Senior Government Official [Permanent Secretary, Accounting Officer under the Exchequer & Audit Act, or holding equivalent positions in a foreign country]?	<input type="checkbox"/>	<input type="checkbox"/>
5. Senior Judicial Official [Chief Justice, Judges of the Supreme Court (Appeal & High Court Judges), Masters of the Supreme Court, Industrial Court Judges, Caribbean Court of Justice Judges, The Registrar, Deputy Registrar, Assistant Registrar, Chief Magistrate, Deputy Chief Magistrates and Magistrates of the Magistracy]?	<input type="checkbox"/>	<input type="checkbox"/>
6. Senior Military Officials [eg. Defence Force - Major General, Brigadier General, Colonel, Lieutenant Colonel. Air Guard - Group Captain, Wing Commander, Squadron Leader. Coast Guard - Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force]?	<input type="checkbox"/>	<input type="checkbox"/>
7. Senior Executive of State Owned Corporations - [Chairman, Deputy Chairman, President or Vice President of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other person who is duly appointed to perform functions similar to those normally performed by the holder of any office specified]?	<input type="checkbox"/>	<input type="checkbox"/>
8. Important Political Party Official [Chairman, Deputy Chairman, Secretary, Treasurer of a political party registered under the Representation of the People Act or individuals holding equivalent positions in a foreign country]?	<input type="checkbox"/>	<input type="checkbox"/>

Society of the Ventures & Investments Programme (VIP)

Statutory Compliance Form

Member RAN. _____

ALL FIELDS MUST BE COMPLETED IN BLOCK LETTERS. WHERE THE INFORMATION REQUIRED IS NOT APPLICABLE PLEASE PUT "NA"

- | | | |
|---|--------------------------|--------------------------|
| 9. Immediate Family Member of Individuals described above [Spouse, Parent, Siblings, Children & Children of the Spouse of that person]? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Persons who are or have been entrusted with prominent functions by an international organization which refers to members of senior management [eg. directors and members of the board or equivalent functions]? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Close personal or professional associate of the PEP? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to any of the questions above please complete the **Enhanced Due Diligence** form.

I hereby certify that the above information is true and correct as at the date completed.

Applicant Signature _____ Date (DDMMYYYY) _____

Witness Signature _____ Date (DDMMYYYY) _____

SECTION 4: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. ARE YOU A U.S. CITIZEN, RESIDENT OR GREEN CARD HOLDER?
If Yes, Provide Details: Required Documents (If yes, copies of relevant passport(s) to be provided and give details) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ARE YOU A U.S. CITIZEN, RESIDENT OR GREEN CARD HOLDER?
If Yes, Provide Details: Required Documents (• W-9 OR W-8BEN; • Document validating US citizenship
• Non-US passport or similar documentation establishing foreign citizenship) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ARE YOU A GRANTEE OF A POWER OF ATTORNEY OR AN AUTHORISED SIGNATORY WITH A U.S. ADDRESS?
If Yes, Provide Details: Required Documents (• W-9 OR W-8BEN) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ARE YOU GIVING STANDING INSTRUCTIONS FOR THE TRANSFER OF DIVIDEND INCOME/REGULAR INCOME TO A U.S. ACCOUNT?
If Yes, Provide Details: Required Documents (• W-9 OR W-8BEN) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ARE YOU A PERSON WHO MUST COMPLY WITH DISCLOSURE REQUIREMENT OF TAX RESIDENCY?
If Yes, Provide Details: Please list the Country(ies) of Residency for Tax Purposes and Corresponding Social Security Number (SSN) or Individual Tax Identification Number (ITIN) Details | <input type="checkbox"/> | <input type="checkbox"/> |

Country 1 _____ SSN/ITIN: _____

Country 2 _____ SSN/ITIN: _____

Country 3 _____ SSN/ITIN: _____

If you have **ANSWERED NO TO ALL** the questions in this section, please sign below.

Applicant Signature _____ Date (DDMMYYYY) _____

Witness Signature _____ Date (DDMMYYYY) _____

If you have **ANSWERED YES TO ANY** question in this section, please complete this declaration.

UNDER PENALTY OF PERJURY, I CERTIFY THAT:

- The information herein is true and correct to the best of my knowledge and belief.
- I am not a citizen or resident for tax purposes of any country other than those listed in this section.

Society of the Ventures & Investments Programme (VIP)

Statutory Compliance Form

Member RAN. _____

ALL FIELDS MUST BE COMPLETED IN BLOCK LETTERS. WHERE THE INFORMATION REQUIRED IS NOT APPLICABLE PLEASE PUT "NA"

- iii. I shall notify the Society of the Ventures & Investments Programme (VIP) immediately in the event of any change to the information stated in this section.
- iv. I agree that the VIP can provide to the United States Internal Revenue Service (USIRS) and to any relevant tax authority (or any party authorized to act on behalf of such authority) any of the information provided in this section or any information that may be required to be provided by law to the USIRS or other relevant tax authority relating to my account(s) with the VIP.

Applicant Signature _____ **Date (DDMMYYYY)** _____

Witness Signature _____ **Date (DDMMYYYY)** _____

SECTION 5: GENERAL INFORMATION

Please indicate all Municipal Corporations of interest; where you Live (L), Work (W) or Recreate (R).

<input type="checkbox"/> Port of Spain	<input type="checkbox"/> San Fernando	<input type="checkbox"/> Tobago	<input type="checkbox"/> Arima
<input type="checkbox"/> Chaguanas	<input type="checkbox"/> Point Fortin	<input type="checkbox"/> Siparia	<input type="checkbox"/> Princes Town
<input type="checkbox"/> Penal/Debe	<input type="checkbox"/> San Juan/Laventille	<input type="checkbox"/> Diego Martin	<input type="checkbox"/> Tunapuna/Piaco
<input type="checkbox"/> Mayaro/Rio Claro	<input type="checkbox"/> Sangre Grande	<input type="checkbox"/> Couva/Tabaquite/Talparo	

Highest Level of Education

☐ ☐ ☐ ☐ ☐
Primary; Secondary; Undergraduate Degree; Postgraduate Degree; Other _____

How were you informed about us?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Newspaper; Radio; TV; Social Media; Your Social Network; Our Promotion; the VIP; Other _____

Are you a member of any other Non-profit Institution? Yes ☐ No ☐ If yes, list: _____

Spouse Information: Is spouse a member of the VIP? Yes ☐ No ☐ RAN _____

Surname First Name Middle Name

Date of Birth _____ National Identification (DP.PP.ID.) _____
DDMMYYYY

Home Address _____

Email Address _____ Phone _____

Applicant Signature _____ **Application Date (DDMMYYYY)** _____

Witness Signature _____ **Date (DDMMYYYY)** _____

Society of the Ventures & Investments Programme (VIP)

Statutory Compliance Form

Member RAN. _____

ALL FIELDS MUST BE COMPLETED IN BLOCK LETTERS. WHERE THE INFORMATION REQUIRED IS NOT APPLICABLE PLEASE PUT "NA"

SECTION 6: FOR OFFICIAL USE ONLY

Former Member? Yes ☐ No ☐ Termination Date _____ DDMMYY

Proposed VIP Membership Class _____ VIP RAN. _____

Dates: Application _____ DDMMYY Approved _____ DDMMYY Commencement _____ DDMMYY

	Yes	No		Yes	No		Yes	No
FATF List Checked	<input type="checkbox"/>	<input type="checkbox"/>	CATF List	<input type="checkbox"/>	<input type="checkbox"/>	PEP Completed	<input type="checkbox"/>	<input type="checkbox"/>
Match Found	<input type="checkbox"/>	<input type="checkbox"/>	Match Found	<input type="checkbox"/>	<input type="checkbox"/>	PEP Identified	<input type="checkbox"/>	<input type="checkbox"/>
UN 1267 ISIL (Da'esh) & Al-Qaida Sanctions List Checked								
Positive Match								
T&T Consolidated List of Court Orders Checked								
Positive Match								
UN 2231 List on Iran Nuclear Issue Checked								
Positive Match								
UN1718 Sanctions List Materials (DPRK) Checked								
Positive Match								

CHECKED (Print) _____ Sign _____ Date _____ DDMMYY

Entered (Print) _____ Sign _____ Date _____ DDMMYY

Authorized (Print) _____ Sign _____ Date _____ DDMMYY

DOCUMENT CHECKLIST: (Please provide original documents)

Check Box

1. **Two (2) forms of valid Government Issued Identification:** (National Identification Card, Driver's Permit, Passport). ☐
2. **Proof of Address must carry applicant's name:** (i.e. Utility Bill excluding mobile bills or Bank Statement) If the utility bill is not on the applicant's name, written consent and valid government issued photo identification are required from the bill owner to use the bill). ☐
3. **Recommender:** a member of the VIP, in **Good Financial Standing**. ☐
4. **Proof of Employment & Income:** Job Letter (not older than 3 months) & Pay slip (not older than 1 month). ☐
5. **Proof of Employment & Income:** Business Registration Certificate or Articles of Association and Income & Expenditure Statement or Bank Statements for the last three (3) months. ☐
6. **Proof of Employment & Income:** Letter from person funding the account, Job Letter (not older than 3 months), Pay slip (not older than 1 month) & valid Government Issued Identification. ☐
7. **Proof of Employment & Income:** Pension letter from Government or Private Institution, Pension Slip or last 3 months Bank Statement outlining pension deposits. ☐
8. **Foreigners or non-residents:** A reference letter is required as confirmation or evidence of prospective member's relationship with his foreign bank (legal requirement). ☐