

GRENADA CO-OPERATIVE BANK LIMITED

SOURCE OF FUNDS DECLARATION

CIF#: _____ BRANCH: _____ DATE OF TRANSACTION: _____

CLIENT INFORMATION

<i>Full Name (Individual or Company)</i>	<i>Date of Birth</i>	<i>Customer Since</i>
<i>Permanent Residential Address or Company Address</i>		<i>Business/Residence/ Cellular Phone No.</i>
<i>Occupation/Profession/ Nature of Business (If retired please state)</i>		<i>Residency Status</i> RESIDENT NON-RESIDENT <input type="checkbox"/> <input type="checkbox"/>

PERSON CONDUCTING TRANSACTION IF DIFFERENT FROM CLIENT

<i>Name(First Name, Middle Name, Surname)</i>	<i>Birth Date</i>	<i>Business/Residence/ Cellular Phone No.</i>
<i>Address (Street, City, Country, Zip Code)</i>		<i>Residency Status</i> RESIDENT NON-RESIDENT <input type="checkbox"/> <input type="checkbox"/>

IDENTIFICATION OF CLIENT OR DEPOSITOR (Two for non-nationals)

<i>Form of Identification</i>	<i>Identification Number, Place and Date of Issue</i>	<i>Expiration Date</i>

ACCOUNT AND TRANSACTION INFORMATION

<i>ACCOUNT HELD: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
<i>ACCOUNT # & TYPE</i>	<i>CURRENCY TYPE AND TOTAL</i>	<i>TRANSACTION AMOUNT IN ECD</i>
DESCRIPTION OF TRANSACTION: <input type="checkbox"/> Deposit - Cash <input type="checkbox"/> Deposit Cheque and Cash <input type="checkbox"/> Incoming Wire Transfer <input type="checkbox"/> Purchase of Draft <input type="checkbox"/> Deposit - Cheque <input type="checkbox"/> Outgoing Wire Transfer <input type="checkbox"/> Purchase of Travelers Cheque <input type="checkbox"/> Currency Denomination Exchange <input type="checkbox"/> Foreign Currency Sold <input type="checkbox"/> Foreign Currency Bought <input type="checkbox"/> Cheque Cashed <input type="checkbox"/> Payment of Credit Card, Loan Etc. <input type="checkbox"/> Other(Specify) _____		

DECLARATION: I hereby declare that the Source of Funds for this transaction is _____

Pursuant to the Proceeds of Crime (Anti Money Laundering and Terrorism Financing) Guidelines, it is the policy of the Grenada Co-operative Bank Limited that it must be satisfied as to the source of funds (with supporting evidence) prior to accepting funds for deposit, transfer or for the purchase of any other currency or instrument. Consent is hereby given to the Grenada Co-operative Bank Limited to disclose the information provided herein to Regulatory and Law Enforcement Authorities.

<i>PERSON CONDUCTING TRANSACTION (OTHER THAN CLIENT)</i>	<i>SIGNATURE OF CLIENT</i>	<i>DATE</i>
<u>FOR BANK USE ONLY</u>		
<input type="checkbox"/> TRANSACTION ACCEPTED <input type="checkbox"/> TRANSACTION DECLINED <input type="checkbox"/> CUSTOMER REFUSED TO SIGN FORM <input type="checkbox"/> CUSTOMER EXPLANATION NOT REASONABLE <input type="checkbox"/> OTHER (Explain - Continue on a separate sheet, if necessary) _____		
<i>TRANSACTION TAKEN BY: (Bank Officer)</i> Print Name: _____ Signature: _____	<i>TRANSACTION PROCESSED BY: (Teller)</i> Print Name: _____ Op # _____ Signature: _____	<i>AUTHORIZED BY: (Supervisor/Manager)</i> Print Name: _____ Signature: _____
Reviewed by: (Compliance Department): Print Name: _____ Signature: _____ Date: _____		