



BARBADOS TEACHERS' CO-OPERATIVE CREDIT UNION LTD.
 "THE JOHN W. LOVELL BUILDING"
 LOWER COLLYMORE ROCK, ST. MICHAEL BB11115, BARBADOS, W.I.
 TEL.: (246) 426-3657 FAX: (246) 437-3499
 E-MAIL: info@barteachcredit.com
 Website: www.barteacheu.com

DECLARATION OF FUNDS FORM

DATE:.....

MEMBER'S NAME:.....

ADDRESS:.....

.....

TELEPHONE: (h) (w) (c)

NATIONAL REGISTRATION NO. :.....

CREDIT UNION ACCOUNT NO. :.....

PAYING MONEY TO: QUALIFYING SHARES (...) MEMBER SHARES (...)
 SPECIAL SAVINGS (...) LOANS (...) OTHER (...)

AMOUNT BEING PAID:

I declare that the Source/s of Funds is/are:-

.....

By reason of the requirements of the Money Laundering (Prevention & Control) Act, 1998-38, The B'dos Teachers' Co-operative Credit Union Limited must be given proof of the source/s of Funds of \$10,000.00 and over; **OR**; Deposits of funds totaling \$10,000.00 and over, in a short space of time. I hereby give consent to the BTCCULtd. to disclose this information to Law Enforcement Authorities.

List Of Cheques Received:

1.

2.

TOTAL = \$.....

Paper Money Listed By Denominations:

..... * \$100.00 = \$.....

..... * \$50.00 = \$.....

..... * \$20.00 = \$.....

..... * \$10.00 = \$.....

..... * \$5.00 = \$.....

..... * \$2.00 = \$.....

..... * \$1.00 = \$.....

..... * \$0.25 = \$.....

..... * \$0.10 = \$.....

..... * \$0.05 = \$.....

..... * \$0.01 = \$.....

TOTAL = \$.....

GRAND TOTAL = \$.....

I accept that this Declaration constitutes part of the Source of Funds Form submitted to the Barbados Teachers' Co-operative Credit Union Limited and all statements are true to the best of my knowledge. I understand that any false statements or declarations will null and void this application or payment to the stated beneficiaries.

Signature of Member:

Name of Member: (Print).....

Date:

CREDIT UNION WORKER:

OPERATIONS MANAGER: