

## POLITICALLY EXPOSED PERSONS (PEP) AND FATCA QUESTIONNAIRE

A PEP is a natural person who holds or has held an important public function in any country, such as Head of State, Member of Parliament, Senior Government Official, Heads of Regulatory bodies, Senior Officials of Regulatory bodies, Senior Officials of National Corporations, Judicial or Military Officials, Senior Executive of publically owned Corporations and Important political party officials. Immediate family members (spouse, children and their spouses, parents) and known close associates. PEPs are also members of senior management, i.e., directors, deputy directors and members of the board or equivalent functions, who are or have been entrusted with a prominent function by an international organisation.

### PEP DETAILS

1. Do you hold or have held a prominent public function?  Yes  No

If you answered <b>YES</b> to 1 above:	Name of position:
	Name of organisation:
	Number of years in position:

If you answered **NO** to 1 above, please complete question 2 below

2. Do you have an immediate family member who holds or has held a prominent public position?  Yes  No

If you answered <b>YES</b> to 2 above:	What is your relationship to the family member:
	Name of position held:

If you answered **NO** to 2 above, please complete question 3 below

3. Do you have a business associate or close friend/relative who holds or has held a prominent public position?  
 Yes  No

If you answered <b>YES</b> to 3 above:	Name of position:
	Name of organisation:

If you answered **NO** to 3 above, please complete question 4 below

4. Do you hold or have held a prominent position within an international organisation?  Yes  No

If you answered <b>YES</b> to 4 above:	Name of position:
	Name of organisation:

### FATCA DECLARATION FORM

**ARE YOU A UNITED STATES OF AMERICA:**

CITIZEN      RESIDENT      GREEN CARDHOLDER      N/A

**DO YOU RESIDE IN THE UNITED STATES OF AMERICA FOR 183 OR MORE CONSECUTIVE DAYS A YEAR?**

YES      NO

**DO YOU HAVE A USA: (Please select all that apply.)**

MAILING ADDRESS      PHONE NUMBER      PO BOX ADDRESS      INCARE-OF-ADDRESS

**DO YOU HAVE A STANDING ORDER TO TRANSFER FUNDS TO AN ACCOUNT MAINTAINED IN THE USA?**

YES      NO

**DO YOU CURRENTLY HAVE EFFECTIVE POWER OF ATTORNEY OR SIGNATORY AUTHORITY GRANTED TO A PERSON WITH A US ADDRESS?**

YES      NO

**DO YOU HAVE CONTROLLING INTEREST IN A COMPANY INCORPORATED IN THE USA OR HAS A US ADDRESS?**

YES      NO

If it is a Financial Institution please state Global Intermediary identification number:

**ARE YOU A SHAREHOLDER OF A COMPANY LOCATED OUTSIDE OF THE USA FOR WHICH ONE OR MORE US CITIZENS OR RESIDENTS HAVE CONTROLLING INTEREST?**

YES      NO

If it is a Financial Institution please state Global Intermediary Identification Number:

**IF YOU WERE BORN IN THE USA BUT DO NOT HAVE US CITIZENSHIP, DO YOU HAVE A CERTIFICATE OF LOSS OF NATIONALITY OF THE UNITED STATES?**

YES                      NO                      N/A

If No, give a reason you did not obtain US citizenship at birth or do not have the Certificate

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**DECLARATION:** I declare and confirm that the facts herein stated are true to the best of my knowledge, information and belief. I hereby consent to the Credit Union verifying and disclosing this information or any other financial information to or obtaining further information from any other financial or other institution. I agree to conform to the By-Laws of this Credit Union. I declare that **I am/am not a citizen** or resident of the United States of America. I agree to inform the Credit Union if the status of any of the information I have provided in this Declaration Form changes within 90 days of the end of the calendar year after the change takes place. The facts herein stated in this Declaration Form are true to the best of my knowledge, information and belief. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to the Internal Revenue of the USA or a local competent authority authorised by them. I agree to satisfy the requirements of the **Foreign Account Tax Compliance Act (FATCA)** so far as they relate to me.

**APPLICANT**

Account Number:		ID:	
Name of Applicant:			
Signature of Applicant:		Date:	

**Affinity Plus Credit Union Ltd.**  
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