



**INDIVIDUAL CUSTOMER REGISTRATION FORM**

PERSONAL INFORMATION			
First Name		Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Last Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name		DOB	M      D      Y
Mother's Maiden Name		Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Common-law
Country of Birth		Country of Residence	
Country of Citizenship		Multiple Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state country:
IDENTIFICATION INFORMATION (Please provide one form of valid ID)			
PP#	Expiry Date M      D      Y	Country of Issuance	
DP#	Expiry Date M      D      Y	Country of Issuance	
ID#	Expiry Date M      D      Y	Country of Issuance	
ADDRESS INFORMATION (Please provide proof of address)			
Home Ownership: <input type="checkbox"/> Renting <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other (Please specify):			
Residential Address (Must not be P.O. Box)		Mailing Address	
State/Province/Region		State/Province/Region	
City		City	
Country		Country	
Postal/ Zip Code		Postal/Zip Code	
CONTACT INFORMATION			
Home		Mobile	
Primary Contact no.		Email address	
EMPLOYMENT INFORMATION			
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Retired with Pension <input type="checkbox"/> Retired without pension <input type="checkbox"/> Student		
Employer Name			
Department/Division			
Employer Address			
Occupation		Work contact no.	
Do you have secondary income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify	
Annual Income	<input type="checkbox"/> Under 50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001 - 150,000 <input type="checkbox"/> 150,001 - 200,000 <input type="checkbox"/> 200,001- 250,000 <input type="checkbox"/> over 250,001		
Tax Payer ID (TIN#)		Country of Issuance	
NIS#		No of dependents	
OTHER INFORMATION			
Purpose of relationship with UTC.	INVESTMENT		
Are you a Politically Exposed Person? Were you or are you entrusted with any prominent public office domestically or in a foreign country such as: - head of states, - senior politicians, - senior government, - senior judicial or military officials - senior executives of state owned companies	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide details:		
Are you a close family member, personal associate or professional associate with any person identified above?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide details:		
Does your combined transactions exceed 10 per month?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Do you remit more than 2 wire transfers per month?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Investment Volumes		If yes, please provide jurisdiction details: <input type="checkbox"/> Under 5,000 <input type="checkbox"/> 5,001-50,000 <input type="checkbox"/> over 50,000	
Power of Attorney exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide expiration date M          D          Y	
If yes, please provide the following details on Donee			
POA#			
Name:		Date of Birth	M          D          Y
Residential Address			
Home#		State/Province/Region	
Mobile#		City	
Contact#		Country	
E-mail address		Postal/Zip Code	
<b>Identification</b>			
PP#	Expiry Date M   D   Y	Government Identification Country	
DP#	Expiry Date M   D   Y	Government Identification Country	
ID#	Expiry Date M   D   Y	Government Identification Country	
Staff member	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee no.	
Unitholder Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death: M          D          Y	
<b>DECLARATION</b>			
Attestation Statement	"I -----hereby declare and confirm that the information I have provided in support of this application is true and correct to the best of my knowledge. I hereby authorize the Trinidad and Tobago Unit Trust Corporation to obtain independent verification of any information provided in respect of this application or as may be required by law."		
<b>UNITHOLDER SIGNATURE</b>			
Signature:			
Name (Please Print Name):			
Date:			

**FOR OFFICIAL USE ONLY**

UTCID #	
Investment Centre/ Agency Code:	o-o-o
Prepared By: (Print Name)	Signature
Entered By: (Print Name)	Signature
Date:	