

INDIVIDUAL CUSTOMER REGISTRATION FORM

First Name		Title	■Mrs. ■Ms. ■Miss	
Last Name		Sex	☐ Female	
Middle Name			D Y	
Mother's Maiden Name		Marital Married		
Wilderick & Wardern Warne		Status Divorce		
Country of Birth		□ Single	□ Common-law	
-			Common-law	
Country of Citizenship		Country of Residence		
Multiple Citizenship	☐ Yes ☐ No	If yes, please state count	ry:	
	IDENTIFICATION			
DD#	(Please provide on			
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 INI	FORMATION		
	(Please provide p			
Home Ownership:	(rieuse provide)	27007 07 4441 655)		
Renting Owner Occupied Living with Parents Other (Please specify):				
Residential Address		Mailing Address		
(Must not be P.O. Box)				
		-		
Chata/Duarings/Dagion		Ctate / Drawin as / Danien		
State/Province/Region		State/Province/Region		
City		City		
Country		Country		
Postal/ Zip Code		Postal/Zip Code		
	CONTACT IN			
Home		Mobile		
Primary Contact no.		Email address		
Primary Contact no.	EMPLOYMENT 1			
Primary Contact no. Employment Status			oyed Pensioner	
,	☐ Employed ☐ Une	INFORMATION		
,	☐ Employed ☐ Une	INFORMATION employed Self Emplo		
Employment Status Employer Name	☐ Employed ☐ Une	INFORMATION employed Self Emplo		
Employment Status Employer Name Department/Division	☐ Employed ☐ Une	INFORMATION employed Self Emplo		
Employment Status Employer Name	☐ Employed ☐ Une	INFORMATION employed Self Emplo		
Employment Status Employer Name Department/Division Employer Address	☐ Employed ☐ Une	INFORMATION employed		
Employment Status Employer Name Department/Division Employer Address Occupation	☐ Employed ☐ Une ☐ Retired with Pension	INFORMATION employed Self Emplo Retired without pens		
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary	☐ Employed ☐ Une	INFORMATION employed		
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary income?	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No	INFORMATION employed Self Emplo Retired without pens Work contact no. If yes, please specify	sion Student	
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No ☐ Under 50,000 ☐	Work contact no. If yes, please specify So,001-100,000	sion □Student 00,001 - 150,000	
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary income? Annual Income	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No	Work contact no. If yes, please specify 50,001-100,000	sion Student	
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary income? Annual Income Tax Payer ID (TIN#)	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No ☐ Under 50,000 ☐	Work contact no. If yes, please specify 50,001-100,000	sion □Student 00,001 - 150,000	
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary income? Annual Income	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No ☐ Under 50,000 ☐ ☐ 150,001 - 200,000 ☐	Work contact no. If yes, please specify 50,001-100,000	sion □Student 00,001 - 150,000	
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary income? Annual Income Tax Payer ID (TIN#)	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No ☐ Under 50,000 ☐	Work contact no. If yes, please specify 50,001-100,000	sion □Student 00,001 - 150,000	
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary income? Annual Income Tax Payer ID (TIN#)	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No ☐ Under 50,000 ☐ ☐ 150,001 - 200,000 ☐ ☐ OTHER INFO	Work contact no. If yes, please specify 50,001-100,000	sion □Student 00,001 - 150,000	
Employment Status Employer Name Department/Division Employer Address Occupation Do you have secondary income? Annual Income Tax Payer ID (TIN#) NIS#	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No ☐ Under 50,000 ☐ ☐ 150,001 - 200,000 ☐ OTHER INFO	Work contact no. If yes, please specify 50,001-100,000	sion □Student 00,001 - 150,000	
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Employer Name Department/Division Employer Address Occupation Do you have secondary income? Annual Income Tax Payer ID (TIN#) NIS# Purpose of relationship v Are you a Politically Export Were you or are you entrusted with domenstically or in a foreign counterproduction of the senior politicians, and senior government, and senior executives of state and are you a close family more professional associate	Employed Under Service Person? Correction OTHER INFOVICE Proposition of the Correction of the Correct	Work contact no. If yes, please specify 50,001-100,000	sion	
Employer Name Department/Division Employer Address Occupation Do you have secondary income? Annual Income Tax Payer ID (TIN#) NIS# Purpose of relationship variety and a Politically Exponsion of the secondary income? Are you a Politically Exponsion of the secondary income? Are you a Politically Exponsion of the secondary income? Are you or are you entrusted with domenstically or in a foreign count of the secondary income of the secondary income of the secondary income. Senior government, or senior judicial or militation of the secondary income of the secondary income? Are you a Politically Exponsion of the secondary income of the secondary income? Are you a Politically Exponsion of the secondary income of the secondary income? Are you a Politically Exponsion of the secondary income of the secondary income? Are you a Politically Exponsion of the secondary income of th	☐ Employed ☐ Une ☐ Retired with Pension ☐ Yes ☐ No ☐ Under 50,000 ☐ ☐ 150,001 - 200,000 ☐ ☐ OTHER INFO with UTC. Osed Person? the any prominent public office try such as: Try officials the owned companies	Work contact no. If yes, please specify 50,001-100,000	sion	

Do you remit more than 2 wire transfers per		■ Yes ■ No		
month?		If yes, please provide jurisdiction details:		
Estimated Investment Volumes		■ Under 5,000	5,001-50,000 over 50,000	
D. C.A.,	- V - N	IC 1 '1	1 .	
Power of Attorney	☐ Yes ☐ No	If yes, please provide	÷	
exist?		M D Y		
, , ,	following details on Donee			
POA#		D (CD: 1	M D V	
Name:		Date of Birth	M D Y	
Residential Address				
Home#		State/Province/Regio	on	
Mobile#		City		
Contact#		Country		
E-mail address		Postal/Zip Code		
Identification		, 1		
PP#	Expiry Date	Government		
	M D Y	Identification Countr	ry	
DP#	Expiry Date	Government		
	M D Y	Identification Countr	ry	
ID#	Expiry Date	Government		
	M D Y	Identification Countr	ry	
Staff member	Yes No	Employee no.		
Unitholder Deceased	■ Yes ■ No	Date of Death: M	D Y	
DECLARATION				
Attestation Statement	"Ihereby 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."				
UNITHOLDER SIGNATURE				
Signature:				
Name (Please Print Name):				
Date:				

FOR OFFICIAL USE ONLY

CIF ID#	
SOL / Agency Code	0-0-0
Prepared By:	
(Print Name)	Signature
Entered By:	
(Print Name)	Signature
Date:	