



INDIVIDUAL CUSTOMER REGISTRATION FORM

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 Citizenship		Country of Residence	
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 domenstically 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	■ Yes    ■ No If yes, please provide details:		
Are you a close family member, personal associate or professional associate with any person identified above?	■ Yes    ■ No If yes, please provide details:		
Does your combined transactions exceed 10 per month?	■ Yes    ■ No		

Do you remit more than 2 wire transfers per month?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Investment Volumes		<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	
DECLARATION			
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.”		
UNITHOLDER SIGNATURE			
Signature:			
Name (Please Print Name):			
Date:			

FOR OFFICIAL USE ONLY

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