

**CUSTOMER REGISTRATION & NEW ACCOUNT FORM - INDIVIDUALS**

PLEASE COMPLETE IN CAPITAL LETTERS. ALL SHADED AREAS MUST BE COMPLETED

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			Date of birth dd/mm/yy		
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			Country of Residence		
Multiple Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please state country:		
IDENTIFICATION INFORMATION (Please provide at least one form of valid ID)					
PP#		Expiry Date dd/mm/yy		Country of Issuance	
DP#		Expiry Date dd/mm/yy		Country of Issuance	
ID#		Expiry Date dd/mm/yy		Country of Issuance	
ADDRESS INFORMATION (Please provide proof of residential address)					
Residential Address (Must NOT be P.O. Box)			Mailing Address (May be a P.O. Box)		
CONTACT INFORMATION					
Home Phone			Work Phone		
Primary Mobile			Secondary Mobile		
Primary Email Address			Secondary Email Address		
EMPLOYMENT INFORMATION (Please provide proof of income)					
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Pensioner				
Employer Name					
Employer Address					
Primary Occupation					
Secondary Occupation			Secondary Employer		
Total Annual Income (Primary & Secondary)	<input type="checkbox"/> Under 50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001 - 150,000 <input type="checkbox"/> Over 500k <input type="checkbox"/> 150,001 - 200,000 <input type="checkbox"/> 200,001- 250,000 <input type="checkbox"/> 250,001 - 500,000				
Tax ID Number (TIN)			Country of Issuance		
NIS / SSN / Other TIN Number			Country of Issuance		
OTHER INFORMATION					
Purpose of investment / relationship with UTC.					
Expected number of transactions <b>per month</b>	<input type="checkbox"/> Less than 10 <input type="checkbox"/> More than 10				
Mode of investments. <b>Choose all that apply.</b>	<input type="checkbox"/> Salary Deduction <input type="checkbox"/> Standing Order <input type="checkbox"/> ATM <input type="checkbox"/> Over the counter <input type="checkbox"/> Electronic Payments (ACH/Wire Transfers) <input type="checkbox"/> Fast Deposit <input type="checkbox"/> UTC Transfer				
Expected value of transactions <b>per month</b>	<input type="checkbox"/> Up to \$5000.00 <input type="checkbox"/> Up to \$50,000.00 <input type="checkbox"/> Over \$50,000.00				
Are you, or is any member of your family, a close family member, personal or professional associate of any Politically Exposed Person (PEP) identified below? <ul style="list-style-type: none"> <li>• Head of States,</li> <li>• Senior Politicians,</li> <li>• Senior government,</li> <li>• Senior judicial or military officials</li> <li>• Senior executives of state-owned companies</li> <li>• Diplomats and Ambassadors</li> <li>• Head/Leaders of International Organizations</li> </ul>	<input type="checkbox"/> No. I am not related to, employed by, or associated with, any politically exposed person listed. <input type="checkbox"/> Yes I am a politically exposed person. I currently hold / previously held the position of _____ from _____(mm/yyyy) to _____(mm/yyyy) <input type="checkbox"/> Yes. I am closely related to / employed by / associated with a politically exposed person. Name: _____ Position: _____				

	Nature of relationship: _____		
<b>INVESTMENT PRODUCTS</b>			
I wish to invest the amounts stated below in the UTC investment products indicated.			
<b>Fund Type</b>	<b>Amount</b>	<b>Fund Type</b>	<b>Amount</b>
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>SOURCE OF FUNDS DETAILS (if applicable)</b>			
<input type="checkbox"/> Sale of Property			
<input type="checkbox"/> Attorney's Escrow Account			
<input type="checkbox"/> Proceeds from Business Trade			
<input type="checkbox"/> Proceeds from Employment			
<input type="checkbox"/> Proceeds from an Inheritance/Trust Fund			
<input type="checkbox"/> Proceeds from Contractual Obligation			
<input type="checkbox"/> Proceeds from Financial Investment Institution			
<input type="checkbox"/> Other			
<b>MINOR / BENEFICIARY INFORMATION</b>			
<b>PLEASE TICK APPROPRIATE BOX</b> <input type="checkbox"/> <b>MINOR</b> <input type="checkbox"/> <b>BENEFICIARY</b>			
First Name		ID# (1)	
Last Name		Relationship	
Middle Name		DOB dd/mm/yy	
Address			
Contact No.		Email address	
<b>MINOR / BENEFICIARY INFORMATION</b>			
<b>PLEASE TICK APPROPRIATE BOX</b> <input type="checkbox"/> <b>MINOR</b> <input type="checkbox"/> <b>BENEFICIARY</b>			
First Name		ID# (1)	
Last Name		Relationship	
Middle Name		DOB dd/mm/yy	
Address			
Contact No.		Email address	
<b>UNITHOLDER DECLARATION</b>			
<b>Attestation Statement</b>	<p>"I _____ hereby declare and confirm that the information I have provided in support of this application to invest in the products of the UTC 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."</p>		
<b>UNITHOLDER SIGNATURE</b>			
_____		_____	
<b>Signature</b>		<b>Date:</b>	
<b>SOURCE OF FUNDS APPROVAL</b>			
_____		_____	
<b>Signature</b>		<b>Date:</b>	
<b>FOR COMPLETION BY UTC OFFICIAL ONLY</b>			
Purpose of Form	<input type="checkbox"/> New Account	Registration Update	Registration Update & Open New Account <input type="checkbox"/> Staff
CIF NUMBER			
Investment ID		Investment ID	
Investment ID		Investment ID	
Investment Centre/ Agency Code:			
Prepared By: (Print Name)		Signature & Date	
Entered By: (Print Name)		Signature & Date	
Verified By: (Print Name)		Signature & Date	