POSTAL AND PARTNERS
Co-operative Credit Union Ltd.
55 South Camp Road, Kingston 4
876-930-6998 | 876-928-1692 | 876-930-7893
postalccu@postalccu.com | www.postalccu.com

Self-Certification of Residency Form

Individual Self-Certification

We are obliged under the Standard for the Automatic Exchange of Financial Account Information in Tax Matters (AEOI) and any and all enactments supporting the implementation of the AEOI to improve tax compliance to facilitate cross-border tax transparency on financial accounts held abroad.

As a result, we are also obligated to collect certain information about each Account Holder's tax arrangements. Postal and Partners Co-operative Credit Union Limited (PPCCUL) may be legally required to report information provided in this form and other financial information about the financial account(s) to which this form relates to the Tax Administration of Jamaica (TAJ). In addition , the reported information may be exchanged by TAJ with the tax authorities in the country or countries in which your are a tax resident.

Please complete the sections below as directed and provide any additional information that is requested.

In instances where this form is being completed by someone else on behalf of the account holder, please state the "capacity" in which you are signing this form e.g. as a custodian or nominee or executor or under power of attorney.

If any of the information below about your tax residence changes in the future, please ensure you advise us of these changes promptly.

Please note that where there are joint account holders each Account Holder is required to complete a separate Self-Certification form.

Section 1: Account Holder Identification

Account Holder's Full Name Date of Birth (dd/mm/yyyy) Place and Country of Birth

_____

Permanent Residence Address:

_____

Number & Street City/Town

_____

State/Province/County: Post Code: Country:

Mailing Address (if different from above):

_____

Number & Street City/Town

_____

State/Province/County: Post Code: Country:

Section 2: Declaration of Citizenship or Residence for Tax Purposes

Please tick ether (i) or (ii)

i. ☐ I hereby confirm that I am, for tax purposes, not a resident of any other country except Jamaica, and my TRN number is _____

ii. ☐ I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number.

Section 3: Declaration and Undertakings

I declare that the information provided in this Form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature:	Date: (dd/mm/yyyy):
Print Name of Signatory	Capacity in which signatory is acting (if form is being signed on behalf of a minor): □ Parent □ Legal Guardian □ Trustee□ Individual Authorized by the Courts

Section 5: For Internal Use Only

Credit Union Personnel Certification:

Following my assessment of the AML/CFT information and documentation provided by the Account Holder, I confirm that the self-certification provided above seems:

[ ] Reasonable

[ ] Unreasonable; Account Holder requested to provide a revised Self-Certification.

Signature:	Date: (dd/mm/yyyy):
Print Name of Signatory	If '***Unreasonable***' is selected, please give reasons for this selection

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INDIVIDUAL
AUTHORITY AND INDEMNITY

For Facsimile, Electronic Mail, Internet Banking, Online Platform and Telephone/Verbal, Text/Messenger Instructions

BETWEEN _____in the parish of_____ (hereinafter called 'the Member") of the FIRST PART, and **POSTAL AND PARTNERS COOPERATIVE CREDIT UNION LIMITED (PPCCUL)**, with registered office situated at, 55 South Camp Road Kingston 4, in the parish of Saint Andrew, (hereinafter called "the **Credit Union**") of the OTHER PART.

WHEREAS:

I _____ requests that the POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED honour the instructions sent by means of Facsimile, Electronic Mail and documents, Internet Banking, Online Platform and Telephone/verbal, Text/Messenger transmission to POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED from time to time in relation to any and all of my existing accounts, facilities and other arrangements with POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED and any accounts, facilities and other arrangements which I may now or in the future have with POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED.

Any reference in this Agreement to "instructions" or "my instructions" refers to Facsimile, Electronic Mail and Documents, Internet Banking, Online Platform, Telephone/Verbal and Text/Messenger instructions

IN CONSIDERATION of the **Credit Union** agreeing to accept instructions from I _____ as aforesaid, agrees:

1. that POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED may act on any instructions given by me from time to time, and I/We voluntarily and with full knowledge takes and assumes any and all risks, associated therewith;

2. that once instructions have been sent to POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED have purportedly been sent or given by the person (or by any of the persons, if more than one) authorized from time to time to sign in accordance with the mandate or other valid instructions. POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED, shall have no obligation to check or verify the authenticity or accuracy of such instructions purporting to have been sent (regardless of whether the Credit Union may have, or may in the future, choose to so check or verify) and may act thereon as if same had been duly given by me/us.

3. that in acting on my instructions, POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED shall be deemed to have acted properly and to have fully performed all obligations owed to the me/us, notwithstanding that such instructions may have been initiated, sent or otherwise communicated in error or fraudulently, and the Member shall be bound by such instructions on which POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED may act if POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED has in good faith acted in the belief that such instructions were given by the me/us;

4. I/We shall not provide POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED with written instructions bearing original signature(s) where prior instructions to effect the same transaction have been sent to POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED by Facsimile, Electronic Mail, Internet Banking, Online Platform and Telephone/Verbal, Text/Messenger instructions.

5. I/We acknowledge that where instructions are followed by subsequent written instructions bearing original signature(s) contrary to the above, this may lead to POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED giving effect to these instructions more than once.

   I/We acknowledge that in such event he/she shall bear the risk of such duplication occurring and shall indemnify and hold POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED harmless against all losses, liabilities, claims or damages which may arise as a result of the Credit Union acting more than once on such duplicated instructions.

6. that POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED may, in its absolute discretion, decline to act on or in accordance with the whole or any part of the instructions pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so that POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED shall not be under any obligation to so decline in any case, and POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED shall in no event or circumstances be liable in any respect for not so declining; and

7. to release POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED from and indemnify POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED having acted in accordance with the whole or any part of any instructions or having exercised (or failed to exercise) the discretion conferred upon the Credit Union in Clause 6 above.

8. that POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED is contracting on its own behalf and also for and on behalf of each of its present and future subsidiaries, and POSTAL AND PARTNERS CO-OPERATIVE CREDIT UNION LIMITED and each of such subsidiaries may rely on and enforce against me/us (and against our successors and assigns) the provisions set forth in this instrument.

Dated this…… day of…… 20……

……..	……
Member's Name	Member's Signature
…….....	……
Account Number	Email Address

FOR CREDIT UNION USE ONLY
Authenticated by

_____
Authorized Signatory

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APPLICATION FOR THE CONSENT OF A DATA SUBJECT FOR THE PROCESSING OF PERSONAL INFORMATION FOR THE PURPOSE OF DIRECT MARKETING AND GENERAL TRANSACTION PROCESSING

FROM: _____
(Name of Member)

ADDRESS: _____
_____
_____

CONTACT NUMBER(S): _____

E-MAIL ADDRESS: _____

PART A

1. The processing of personal information of a data subject (the person to whom personal information relates) for the purpose of direct marketing and general transaction processing by means of any form of electronic communication, including automatic calling machines, facsimile machines, SMSs, e-mail or social media is prohibited unless written consent to the processing is given by the data subject. You may only be approached once for your consent by this responsible party. After you have indicated your wishes in Part B, you are kindly requested to submit this Form either by post, direct submission to the credit union office, facsimile or e-mail to the address as stated above.

2. "Processing" means any operation or activity or any set of operations, whether or not by automatic means, concerning personal information, including:
(a) the collection, receipt, recording, organization, collation, storage, updating or modification, retrieval, alteration, consultation or use;
(b) dissemination by means of transmission, distribution or making available in any other form; or
(c) merging, linking, as well as restriction, degradation, erasure or destruction of information.

3. "Personal information" means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to -
(a) information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person;
(b) information relating to the education or the medical, financial, criminal or employment history of the person;
(c) any identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier or other particular assignment to the person;
(d) the personal opinions, views or preferences of the person;
(e) correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;
(f) the views or opinions of another individual about the person; and

(g) the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

PART B

By accepting this form, you hereby consent that Postal and Partners Co-operative Credit Union Limited can process your personal data for the purpose of direct marketing and general transaction processing.

You may withdraw your consent at any time by completing a Data Subject Consent Withdrawal Form, via email at postalccu@postalccu.com, by post at 55 South Camp Road, Kingston 4 or by physically returning at our main office.

Signed at …… this …….. day of ……20……...

Full Name of Data Subject …….

Signature of Data Subject ……..