



**OTHER INFORMATION**

Are you a member of any Co-operative Society? Yes  No

If yes, please state society's name and balance indebted.

1. \_\_\_\_\_ Co-operative Society Limited. Sum indebted \$ \_\_\_\_\_
2. \_\_\_\_\_ Co-operative Society Limited. Sum indebted \$ \_\_\_\_\_

**POLITICALLY EXPOSED PERSONS (PEP)**

Please tick if you fall into any of these categories: Are you an <b>INDIVIDUAL</b> , or the <b>IMMEDIATE FAMILY</b> of, or a <b>CLOSE PERSONAL/PROFESSIONAL ASSOCIATE</b> of;	
<b>Head of State or Government</b> <input type="checkbox"/>	<b>Senior politician</b> <input type="checkbox"/>
<b>Senior government, Judicial or Military Officials</b> <input type="checkbox"/>	<b>Board of Directors of State-owned corporations</b> <input type="checkbox"/>
<b>Important political party officials</b> <input type="checkbox"/>	<b>Regional Corporations</b> <input type="checkbox"/>
<b>If Yes, Please provide details:</b>	

Meaning of Politically Exposed Persons (PEPs)

- a) Individuals such as the Head of State or Government, senior politician, senior government, judicial or military officials, senior executives of State-owned corporations and important political party officials who are or have been entrusted with prominent functions –
  - i. By a foreign country; or
  - ii. Domestically for Trinidad and Tobago;
- b) persons who are or have been entrusted with a prominent function by an international organisation which refers to members of senior management such as directors and members of the board or equivalent functions; (UN, OAS, IADB, ILO, CFATF)
- c) an immediate family member of a person referred to in (a) such as spouse, parent, siblings, children and children of the spouse of that person, and
- d) any individual publicly known or actually known to the relevant financial institution to be a close personal or professional associate of the persons referred to in (a) or (b) above.

**Declaration**

**I hereby declare that the above information is true and correct to the best of my knowledge and I shall immediately update Teachers Credit Union if there is any change in such information. I authorize Teachers Credit Union to verify any or all information provided. I hereby promise to abide by the rules and regulations made and to be made for the proper conduct of TEACHERS CREDIT UNION CO-OPERATIVE SOCIETY LIMITED.**

SIGNATURE OF APPLICANT ..... DATE.....

Witness: NAME: .....

ADDRESS: .....

OCCUPATION: ..... DATE: .....

**FOR OFFICIAL USE ONLY**

Signature of Collector ..... Date .....

Authorizing Supervisor ..... Date .....

Receipt No: - ..... Amount Paid: - \$ .....

Deductions: - Shares:- \$..... Deposits: - \$ .....

Xmas Club: - \$..... FIP: - \$.....

Total Deductions: - \$ ..... Date Received: - .....

Date of approval of membership by Board of Directors: - .....

Account No: - .....

.....	.....
Secretary	President
.....	.....
Date	Date

**COMPLIANCE CONTROL**

**Referenced against "UN1267 List"** Yes  No

**Trinidad and Tobago Consolidated List of Court Orders (s. 22B(3) of ATA)** Yes  No

**OFAC List** Yes  No

**Is Applicant a PEP?** Yes  No  **IF YES, WHICH CATEGORY** \_\_\_\_\_

**Member Risk Profile** High  Medium  Low

**COMPLIANCE OFFICER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_