

## Credit Union Co-operative Society Limited Head Office: 68-72 Maraval Road, Port Of Spain, Trinidad: Tel- 868-628-8129 REG. NO. 295

APPLICATION FOR MEMBERSHIP  FORM TO BE COMPLETED IN BLOCK LETTERS ONLY  PURPOSE OF INTENDED BUSINESS						
DATE						
day month year PERSONAL INFORMATION						
NAME	Mr. □ Mrs. □ Ms.□					
NAME	SURNAME					
	FIRST OTHER					
RESIDENTIAL	FIRST OTHER					
ADDRESS						
POSTAL/MAILING ADDRESS						
(If different from above)						
	PLACE OF					
DATE OF BIRTH	BIRTH					
DATE OF BIRTH	day month year COUNTRY OF RESIDENCE					
	Home Work Cell					
TELEPHONE CONTACT	Home					
E-MAIL ADDRESS						
MARITAL STATUS	□ Single □ Married □ Divorced □ Widowed □ Other					
	Expiration Date BIR FILE NO.					
IDENTIFICATION	DP N.I.S. NO.					
	PP P					
	DD / MM / YYYY					
SCHOOL/OFFICE	OCCUPATION INFORMATION					
POSITION/POST						
GROUP CODE	SECTION CODE					
EMPLOYER						
BENEFICIARY INFORMATION						
I hereby nominate the	undermentioned to receive my interest and benefits in the event of my death or disability.					
NAME	Mr.   Mrs.   Ms.					
	SURNAME FIRSTNAME OTHER					
RELATIONSHIP						
RESIDENTIAL						
ADDRESS						
DATE OF BIRTH	PLACE OF BIRTH					
	day month year					
TELEPHONE CONTACT	Home					
	ID Expiration Date BIR FILE NO.					
IDENTIFICATION						
	DP N.I.S. NO.					
	PP P					

## **OTHER INFORMATION**

Are you a member of any Co-operative  If yes, please state society's name and	•	No□			
1		ety Limited. Sum indebted S	\$		
2	_ Co-operative Socie	ety Limited. Sum indebted S	\$		
	POLITICALL	Y EXPOSED PERSONS (PE	<u>EP)</u>		
Are you an <b>INDIVIDUAL</b> , o	Please tick if your the IMMEDIATE FAM	ou fall into any of these categorie	s: AL/PROFESSIONAL ASSOCIATE o	of;	
ead of State or Government		Senior politician			
enior government, Judicial or Military Officials nportant political party officials		Board of Director Regional Corpora	rs of State-owned corporations		
Yes, Please provide details:		Regional Corpora	auono		
of State-owned corporations and i. By a foreign coun ii. Domestically for 7 b) persons who are or have been 6 management such as directors an	State or Government, s important political par- try; or Frinidad and Tobago; entrusted with a promind d members of the board	ty officials who are or have be nent function by an internation of or equivalent functions; (UN	nment, judicial or military officials, sen entrusted with prominent function onal organisation which refers to r , OAS, IADB, ILO, CFATF) siblings, children and children of	ons – members of senior	
person, and	a person referred to h	ii (a) such as spouse, parent,	sionings, emidren and emidren of	the spouse of that	
	r actually known to the	relevant financial institution t	to be a close personal or profession	al associate of the person	
referred to in (a) or (b) above.		Declaration			
Teachers Credit Union if there is any information provided. I hereby provided. TEACHERS CREDIT UNION CO-CONTROL SIGNATURE OF APPLICANT	nise to abide by the poperative SOCI	rules and regulations mad ETY LIMITED.	le and to be made for the prop		
Witness: NAME:					
ADDRESS:					
OCCUPATION:		DATE:			
	FOR C	OFFICIAL USE ONLY			
Signature of Collector		Date			
Authorizing Supervisor		Date			
Receipt No:	Amour	ıt Paid: - \$			
Deductions: - Shares:- \$	Deposi	ts: - \$			
		\$			
Total Deductions: - \$	Date R	eceived:			
Date of approval of membership by Board	of Directors:				
Account No:	•••				
Secretary			President		
Date		Date			
	COMPLIAN	NCE CONTROL			
Referenced against "UN1267 List"		Yes□	No□		
Trinidad and Tobago Consolidated List	of Court Orders (s. 22	2B(3) of ATA) Yes□	No□		
OFAC List		Yes□	No□		
Is Applicant a PEP? Yes□ No□	IF YES, WHICH CA	ATEGORY			
Member Risk Profile Hi	gh□	Medium□	Low□		
COMPLIANCE OFFICER SIGNATUR	<b>?F</b> ∙	n	ATE.		