TRINTOC (PENAL) CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Established 1954

90A Clarke Road, Penal 710424, Trinidad, West Indies
Tel: 270-7964/7966; 333-0605; 348-5584; 396-1122; email: info@trintocpenalcu.com; website: www.trintocpenalcu.com

MEMBER'S INFORMATION UPDATE

PLEASE COMPLETE IN BLOCK LETTERS –
All fields are to be completed and where information does not apply, NOT APPLICABLE (N/A) should be stated

ACCOUNT NUMBER											

MEMBER'S PERSONAL INFORMATION

Members's Name: _____ (First Name) _____ (Middle Name) _____ (Surname)

DOB: _____/_____/_____ (YY / MM / DD) _____ (Age) _____ (No. of children) _____ (No. of dependents)

Gender M. ☐ F ☐ Marital Status: Single ☐ Married ☐ Divorced ☐ Common-Law ☐ Widowed ☐ Separated ☐

Home Address: _____

_____

Mailing Address _____
(if different from above)

_____

Telephone Nos. Home _____ Mobile _____ E-mail (Personal) _____

Work No. _____ Extension _____ E-mail (work) _____

Nature of business relationship Share ☐ Loan ☐ Deposit ☐ Fixed Deposit ☐

IDENTITY (Originals must be submitted)

Identification (2 forms)	Number		Birth Certificate PIN No.:	
National ID			Country of Issue	
Passport			Place of Birth (Town/City)	
Driver's Permit			Nationality	

Nationality: _____ National ☐ Resident ☐
Non-National ☐ Non-Resident ☐

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EMPLOYMENT STATUS

Employer: _____ Occupation/Job Title: _____

Employer's Address: _____

Employer's Tel No: _____ Department/Section: _____ Date joined Company: _____/_____/_____ (YY / MM / DD)

Employment status: Permanent ☐ Contract ☐ Temporary ☐ Retired ☐ Unemployed ☐

Sector employed Private ☐ Public ☐ Other ☐ _____ (Please specify)

Account Serviced via Salary ☐ Pension ☐ Other _____ (Please specify e.g. NIS, saving account)

Pay Frequency: Monthly ☐ Fortnightly ☐ Weekly ☐

Average Monthly Income Range < $6000 ☐ $6000-$10000 ☐ $10001-$15000 ☐ $15001-$20000 ☐ $20001-$25000 ☐ >$25001 ☐

IF SELF-EMPLOYED

Certificate of Incorporation: Copy provided Yes ☐ No ☐ VAT Registration #_____ Copy provided Yes ☐ No ☐

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SPOUSE INFORMATION

_____ _____ _____
First Name Middle Name Surname

_____ Is spouse a member of TPCU Yes☐ No☐ If yes, state member no _____
Contact No

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GENERAL INFORMATION

Highest Level of Education: Postgraduate degree ☐ Undergraduate degree ☐ Secondary ☐ Primary ☐ Other ☐
Area of Study/Discipline: _____

Preferred method of communication: E-mail ☐ Mail ☐ Phone ☐ WhatsApp Message ☐

Would you be interested in a loan in the next six (6) months? Yes ☐ No ☐

If Yes, please state: Vehicle ☐ Mortgage ☐ Secured ☐ Ordinary ☐

Are you a member of any other credit union? Yes ☐ No ☐
If Yes, please state name of credit union _____

MEMBER FEEDBACK: HELP US SERVE YOU BETTER

How would you rate our overall efficiency? Poor ☐ Needs Improvement ☐ Neutral ☐ Good ☐ Excellent ☐
Comments: _____

What improvements would you like to see in our member services?

Enhanced Customer Service ☐ Improved Loan Options ☐ Improved Saving Options ☐ Online/Mobile Banking ☐ Improved Communication ☐
Other (state): _____

How can we better support your financial wellness goals?
Comments: _____

What additional services would you like us to offer? New Loan Types ☐ More Saving Options ☐ More Financial Education Programs ☐
Other (state): _____

How likely are you to recommend our credit union to others? Not at All ☐ Unlikely ☐ Somewhat Likely ☐ Very Likely ☐
Comments: _____

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For Official Use

Documents to be provided with update form (If Applicable):

Evidence of Employment (Job Letter & Payslip)	Yes ☐	No ☐
Proof of Address (Authorization letter required where applicable)	Yes ☐	No ☐
2 Forms of Identification	Yes ☐	No ☐
Birth Certificate (where applicable)	Yes ☐	No ☐
Affidavit (where applicable)	Yes ☐	No ☐
Marriage Certificate (where applicable)	Yes ☐	No ☐
Business Registration Certificate. Articles of Association, bank statements (last 3 months) / financial statements	Yes ☐	No ☐
Applicable to foreigners / Unemployed Persons – Evidence to support how the account will be funded	Yes ☐	No ☐

Checked by _____ _____ Date ____/____/____
Print Name Signature YY / MM / DD

Entered by _____ _____ Date ____/____/____
Print Name Signature YY / MM / DD

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FINANCIAL OBLIGATION REGULATION

Referenced against UN 2253 List	Yes ☐	No ☐	Referenced against other list CFATF	Yes ☐	No ☐
Match found	Yes ☐	No ☐	Match found	Yes ☐	No ☐
T & T Consolidated List of Court Orders	Yes ☐	No ☐	Referenced against other list FATF	Yes ☐	No ☐
Match found	Yes ☐	No ☐	Match found	Yes ☐	No ☐

Date: _____/_____/_____
YY / MM / DD

Compliance Officer- Signature: _____