



TRINTOC (PENAL) CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

90A Clarke Road, Penal, 710424, Trinidad, West Indies

Tel: (868) 270-7966, 270-7964, 333-0605, 348-5584 * email: info@trintocpenalcu.com

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS –

All fields are to be completed and where information does not apply, NOT APPLICABLE (N/A) should be stated
ORIGINAL DOCUMENTS MUST BE USED IN THE VERIFICATION PROCESS, NOTARISED COPIES AND / OR AFFIDAVITS MUST BE AFFIXED WITH THE ORIGINAL STAMP
OF THE VERIFIER

ACCOUNT NUMBER																				
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MEMBER'S PERSONAL INFORMATION

Applicant'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 AND ADDRESS VERIFICATION (Originals must be submitted)

Identification (2 forms)	Number	Country of Issue	Issue Date (YY/MM/DD)	Expiry Date (YY/MM/DD)
National ID				
Passport				
Driver's Permit				

Birth Certificate PIN No: _____ Country of Issuance: _____

Place of Birth (Town/City) _____ Country: _____

Nationality: _____ National Non-National
 Resident Non-Resident

EMPLOYMENT STATUS

Employer: _____

Employer's Address: _____

Occupation: _____ Employee No: _____ Department/Section: _____

Employer's Tel No: _____ Pay Frequency: Monthly Fortnightly Weekly Date joined Company: ____/____/____
YY / MM / DD

Employment status: Permanent Contract Temporary Retired Self Employed Unemployed

Sector employed Private Public Other _____
Please specify

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

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

SPOUSE INFORMATION

Surname _____ First Name _____ Middle Name _____

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

UNDER 16 YEARS

Parent's Name: _____ Occupation _____
First Name Middle Name Surname

Parent's Address: _____ Work Place _____

Telephone Nos. Home _____ Mobile _____ Work: _____ Extension _____

ID# _____ DP# _____ PP# _____

RECOMMENDER DETAILS

Recommended by: _____ Member No: _____

Relationship: _____ Tele No (home) _____

Employer: _____ Work No. _____

Signature: _____ Mobile No. _____

Date: ____/____/____
yy / mm / dd

BENEFICIARY INFORMATION

Surname First Name Middle Name

Relationship to member National Identification (ID / DP / PP) Issue Date/Expiry Date (YY/MM/DD) Country of Issuance

Address of Beneficiary: _____

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

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

If the Beneficiary is a minor i.e. under the age of 18 and does not have a valid form of identification – the original Birth Certificate must be provided

Birth Certificate Pin No _____ Date of Birth ____/____/____
YY / MM / DD

Signature of Applicant Signature of Witness (Staff) Date

YY / MM / DD

The Co-operative Societies Act Chapter 81:03 states “ A society shall subject to section 30 and unless prevented by order of a court of competent jurisdiction pay to such nominee or legal personal representative, as the case may be, a sum not exceeding fifty thousand dollars (\$50,000.00) due to the deceased member from the society. All other monies due to the deceased member from the society shall fall into his estate and be subject to all respects of the laws relating to inheritance including the requirements to pay estate duty.”

DOMESTIC AND FOREIGN POLITICALLY EXPOSED PERSONS (PEPs)

Individuals who are or have been appointed to a prominent office/function in Trinidad and Tobago or by a foreign country

Please tick one box	YES	NO
Head of State	<input type="checkbox"/>	<input type="checkbox"/>
Senior Politician e.g. Member of Parliament, Senator or Alderman	<input type="checkbox"/>	<input type="checkbox"/>
Senior Military Official e.g. Coast Guard, Defense Force	<input type="checkbox"/>	<input type="checkbox"/>
Senior Judicial Officials e.g. Chief Justice, Judge, Magistrate, The Registrar, Deputy Registrar	<input type="checkbox"/>	<input type="checkbox"/>
Senior Government Official e.g. Permanent Secretary, Accounting Officer under the Exchequer & Audit Act or holding similar positions	<input type="checkbox"/>	<input type="checkbox"/>
Senior Executive of State Owned Corporations e.g. Chairman, Deputy Chairman, President /Vice President Secretary, Treasurer, Director, General Manager, Comptroller	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Family member e.g. Parent, Spouse, Children and their Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Close personal / professional associate of the PEP	<input type="checkbox"/>	<input type="checkbox"/>
Persons who are or have been entrusted with prominent functions by an international organization which refers to members of Senior Management e.g. Members of the Board	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the above information is true and correct as at the date of completion

Member Signature _____ Date: ____/____/____
YY / MM / DD

FINANCIAL OBLIGATION REGULATION

Referenced against UN 2253 List Yes No Referenced against other list CFATF/FATF Yes No

Match found Yes No Match found Yes No

Date: ____/____/____
YY / MM / DD Compliance Officer- Signature: _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

	YES	NO	Document Required
Are you a US citizen, resident or green card holder? If YES, please Provide details?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • W-9 or W-8BEN • Document supporting US citizenship • Non-US passport holder, similar documents to be provided supporting foreign citizenship
Are you a citizen of any county other than Trinidad and Tobago?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, copies of relevant passport(s) to be provided and give details
Do you have a standing instruction to transfer dividend or regular income to US account?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • W-9 or W-8BEN
Are you a person who must comply with disclosure requirement of Tax Residency?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please list the Country(ies) or Residency for Tax Purposes and Corresponding Social Security Number (SSN) or Individual Tax Identification Number (ITIN) details.			

Country _____ SSN/ITIN _____
 Country _____

If you have answered YES to any of the above questions, please complete the following declaration: -

Under Penalty of Perjury, I certify that: -

- The information herein is to the best of my knowledge and belief to be true and correct.
- I am not a citizen or resident for tax purposes of any country other than those listed in this section.
- I will notify Trintoc (Penal) Credit Union. immediately in the event of any changes to the information stated in this section.
- I agree that Trintoc (Penal) Credit Union. can provide the United States Internal Revenue Service (US IRS) and to any relevant tax authority (or any party authorized to act on behalf of such authority) any of the information provided in this section or any information that may be required to be provided by law to the US IRS or other relevant tax authority relating to my account(a) with Trintoc (Penal) Credit Union.

Member's Signature _____ Date ____/____/____
YY / MM / DD

GENERAL INFORMATION

Highest Level of Education

Postgraduate degree Undergraduate degree Secondary Primary Other

Preferred method of communication

E-mail Mail Phone Text message

How did you hear about Trintoc (Penal) Credit Union?

Newspaper Relative Website Social Media
 Co-worker TPCU Member TPCU staff Friend Other

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

If Yes, please state Vehicle Mortgage Secured Ordinary

Method of payment:

Bank Standing Order Over the counter Salary Deductions Direct Deposit Post Dated Cheques Other

Are you a member of any other credit union? Yes No

If Yes, please state name of credit union _____

DECLARATION

I hereby apply for membership in TRINTOC (PENAL) CREDIT UNION CO-OPERATIVE SOCIETY LIMITED, and if admitted, I agree to conform to the Bye-Laws or amendments thereof the said Society, and pledge to offer my skills towards further growth of the Credit Union.

Applicant's Signature: _____

ADMISSION OF MEMBER

In compliance with bye-law 4(b) (11) and upon approval of membership by the Board, a Non-Refundable Entrance Fee of \$20.00 together with the purchase of one (1) full share of \$5.00 would be required to open the account. Your membership is on the understanding that you will abide by the rules and bye-laws of TPCU. Failure to do so may result in your expulsion from the organization.

For Official Use

Documents to be provided with application form:

- | | | |
|--|------------------------------|-----------------------------|
| Evidence of Employment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Utility Bill | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 Forms of Identification | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Birth Certificate (where applicable) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Affidavit (where applicable) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Marriage Certificate (where applicable) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| PEP completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Recommender – member of TPCU for more than 2 years and in good financial standing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Business Registration Certificate. Articles of Association, bank statements (last 3 months) / financial statements | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Police Certificate of Character | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

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

BOARD OF DIRECTORS

This application was considered at a **Board Meeting** dated ____/____/____ and was
YY / MM / DD

Approved Not-approved Deferred pending additional information

President	Treasurer	Board Member
Vice President	Assistant Secretary	Board Member
Secretary	Board Member	Board Member



TRINTOC (PENAL) CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Guidelines for completion of Membership Application Form

- National - born in T & T
 Non-national - born in another country but may have citizenship in T & T
- Resident - reside in T & T
 Non-resident – national of T & T but reside in another country

Name	Please write your name exactly as stated on you National Identification Card, Passport, Birth Certificate or Driver's Permit. If your name has changes as a result of marriage , please provide a copy of your Marriage Certificate
Home/ mailing address	Do not omit any information that might be part of your address e.g. light pole number; zip code where applicable. A copy of your utility bills (< 2 months old) must be attached to your application form
Identity – country of issue	Please state the country from which the Identification documents was issued e.g. Trinidad and Tobago, USA etc
Employer	Write the name of the place of business at which you are employed
Employer address	Write the address of your employer, if there are branches, state which branch you are located. Do not omit any information that might be part of your employer's address e.g. light pole number; zip code where applicable.
Employment – Employee No	Write the employee number issued to you by your employer (if any).
Pay Frequency	This is how your employer pays your salary, please tick only one box
Date joined company	Write the date you were employed with your present employer
Self-Employed	Please provide copy of your Certificate of Incorporation and VAT registration number (if registered)
Politically Exposed Persons (PEPs) – Financial Intelligence Unit Trinidad & Tobago (FIUTT) requirements	
Domestic PEPs	Are individuals who are or have been entrusted domestically with prominent public functions, e.g. Senior Government Officials, Heads of State, judicial or military officials, politicians, senior executives of state owned corporations and important political party officials
Foreign PEPs	Are individuals who are or have been entrusted with prominent functions by a foreign country, e.g. Senior Government Officials, Heads of State, judicial or military officials, politicians, senior executives of state owned corporations and important political party officials
Additionally	individuals who are or have been entrusted with prominent functions by an international organization, e.g. members of senior management, directors, deputy directors and board members or given equivalent roles and functions Also, included are family members and close associates to those mentioned above.
Signature of Applicant	Kindly ensure that the form is signed and the signature is the same as that on any one of your identification documents provided. A parent or guardian shall sign on behalf of their child who is under the age of sixteen (16) years.
Signature of Witness	A member of staff at Trintoc (Penal) Credit Union Co-operative Society Limited shall sign as the witness
For official use only	This section is to be completed by a member of staff at Trintoc (Penal) Credit Union Co-operative Society Limited and board members only