



## 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: \_\_\_\_\_  
First Name Middle Name Surname  
 Occupation \_\_\_\_\_  
 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

**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"> <li>• W-9 or W-8BEN</li> <li>• Document supporting US citizenship</li> </ul>
Are you a citizen of any county other than Trinidad and Tobago?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Non-US passport holder, similar documents to be provided supporting foreign citizenship</li> </ul> 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"> <li>• W-9 or W-8BEN</li> </ul>
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  No
- Utility Bill 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
- PEP completed Yes  No
- Recommender – member of TPCU for more than 2 years and in good financial standing Yes  No
- Business Registration Certificate. Articles of Association, bank statements (last 3 months) / financial statements Yes  No
- Police Certificate of Character Yes  No

Checked by \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature YY / MM / DD

Entered by \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature 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: \_\_\_\_\_ Compliance Officer- 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

<b>Name</b>	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
<b>Home/ mailing address</b>	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
<b>Identity – country of issue</b>	Please state the country from which the Identification documents was issued e.g. Trinidad and Tobago, USA etc
<b>Employer</b>	Write the name of the place of business at which you are employed
<b>Employer address</b>	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.
<b>Employment – Employee No</b>	Write the employee number issued to you by your employer (if any).
<b>Pay Frequency</b>	This is how your employer pays your salary, please tick only one box
<b>Date joined company</b>	Write the date you were employed with your present employer
<b>Self-Employed</b>	Please provide copy of your Certificate of Incorporation and VAT registration number (if registered)
<b>Politically Exposed Persons (PEPs) – Financial Intelligence Unit Trinidad &amp; Tobago (FIUTT) requirements</b>	
<b>Domestic PEPs</b>	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
<b>Foreign PEPs</b>	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
<b>Additionally</b>	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.
<b>Signature of Applicant</b>	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.
<b>Signature of Witness</b>	A member of staff at <b>Trintoc (Penal) Credit Union Co-operative Society Limited</b> shall sign as the witness
<b>For official use only</b>	This section is to be completed by a member of staff at <b>Trintoc (Penal) Credit Union Co-operative Society Limited</b> and board members only