



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

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

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 _____

BENEFICIARY INFORMATION

1. _____
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

Member Signature _____ Date: _____
YY / MM / DD

2. _____
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

Member Signature _____ Date: _____
YY / MM / DD

3. _____
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

Member Signature _____ 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"> • 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? <small>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.</small>	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____

For Official Use

Documents to be provided with update 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"/>
Business Registration Certificate. Articles of Association, bank statements (last 3 months) / financial statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicable to foreigners / Unemployed Persons – Evidence to support how the account will be funded	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

FINANCIAL OBLIGATION REGULATION

Referenced against UN 2253 List	Yes <input type="checkbox"/> No <input type="checkbox"/>	Referenced against other list CFATF	Yes <input type="checkbox"/> No <input type="checkbox"/>
Match found	Yes <input type="checkbox"/> No <input type="checkbox"/>	Match found	Yes <input type="checkbox"/> No <input type="checkbox"/>
T & T Consolidated List of Court Orders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Referenced against other list FATF	Yes <input type="checkbox"/> No <input type="checkbox"/>
Match found	Yes <input type="checkbox"/> No <input type="checkbox"/>	Match found	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date: ____/____/____
YY / MM / DD

Compliance Officer- Signature: _____