

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

SECTION A. PERSONAL INFORMATION

SURNAME _____ FIRST NAME _____ MIDDLE NAME _____

HOME ADDRESS _____

GEOGRAPHIC LOCATION
 CITY OF PORT OF SPAIN CITY OF SAN FERNANDO WARD OF TOBAGO BOROUGH OF ARIMA
 BOROUGH OF POINT FORTIN BOROUGH OF CHAGUANAS REGION OF SIPARIA REGION OF PENAL/DEBE
 REGION OF PRINCES TOWN REGION OF DIEGO MARTIN REGION OF COUVA/TABAQUITE/TALPARO
 REGION OF SANGRE GRANDE REGION OF TUNAPUNA/PIARCO REGION OF SAN JUAN/LAVENTILLE
 REGION OF MAYARO/RIO CLARO

MAILING ADDRESS _____
(If different from above)

DATE OF BIRTH _____ GENDER M F NO. OF CHILDREN NO. OF DEPENDENTS
Y Y Y Y M M D D

PLACE OF BIRTH
TOWN/CITY _____ COUNTRY _____

NATIONALITY _____ NATIONAL NON-NATIONAL
RESIDENT NON-RESIDENT

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED SEPARATED COMMON LAW
(Please Tick One)

NATIONAL IDENTIFICATION _____ ISSUE DATE _____ EXPIRY DATE _____ COUNTRY OF ISSUANCE _____
Y Y Y Y M M D D Y Y Y Y M M D D

DRIVER'S PERMIT _____ ISSUE DATE _____ EXPIRY DATE _____ COUNTRY OF ISSUANCE _____
Y Y Y Y M M D D Y Y Y Y M M D D

PASSPORT _____ ISSUE DATE _____ EXPIRY DATE _____ COUNTRY OF ISSUANCE _____
Y Y Y Y M M D D Y Y Y Y M M D D

BIRTH CERTIFICATE PIN NO. _____ COUNTRY OF ISSUANCE _____

HOME PHONE NO. _____ MOBILE NO. (1) _____ MOBILE NO. (2) _____

WORK PHONE NO. (1) _____ WORK PHONE NO. (2) _____ FAX NO. _____

EXTENSION _____ EXTENSION _____ EXTENSION _____

EMAIL ADDRESS (PERSONAL) _____ EMAIL ADDRESS (WORK) _____

SECTION B. EMPLOYMENT INFORMATION

EMPLOYMENT STATUS (Tick All that Applies) PAY FREQUENCY DATE JOINED COMPANY
 PERMANENT TEMPORARY CASUAL CONTRACT SELF EMPLOYED UNEMPLOYED RETIRED WEEKLY FORTNIGHTLY MONTHLY _____
 Y Y Y Y M M D D

SECTOR EMPLOYED
 PUBLIC PRIVATE SELF EMPLOYED OTHER

AVERAGE MONTHLY INCOME _____
 UNDER \$5000 \$5000-\$12000 \$12001-\$17000 \$17001-\$22000 \$22001-\$27000 \$27001 AND OVER

OCCUPATION _____ EMPLOYEE NUMBER _____

EMPLOYER _____

EMPLOYER ADDRESS _____

ACCOUNT FUNDED VIA SALARY OTHER
(Specify other source of funds. How will you fund the account? E.g. Savings from bank account)

PURPOSE & NATURE OF BUSINESS RELATIONSHIP
 SHARES FIXED DEPOSIT LOAN LINCU

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SECTION C. NOMINATION OF BENEFICIARY - In the event of death, I hereby appoint a beneficiary to receive a sum not exceeding \$5,000.00 in accordance with S.41(1) of the CSA & R.12 of the CSA Regs. TECU Bye Laws No. 43

SURNAME	FIRST NAME	MIDDLE NAME
HOME ADDRESS		
NATIONAL IDENTIFICATION (ID / PP / DP)	ISSUE DATE Y Y Y Y M M D D	EXPIRY DATE Y Y Y Y M M D D
COUNTRY OF ISSUANCE		
HOME PHONE NO.	WORK PHONE NO.	FAX NO.
MOBILE NO. (1)	MOBILE NO. (2)	
EMAIL ADDRESS (PERSONAL)	EMAIL ADDRESS (WORK)	
RELATIONSHIP TO MEMBER		
<i>If the Beneficiary is a minor (under age 18) and does not have a valid form of Identification - Please provide original Birth Certificate.</i>		
BIRTH CERTIFICATE PIN NO.		

MEMBER'S SIGNATURE:		DATE
		Y Y Y Y M M D D
WITNESSED BY: (STAFF)	SIGNATURE	DATE
	PRINT NAME	Y Y Y Y M M D D
WITNESSED BY: (SUPERVISOR)	SIGNATURE	DATE
	PRINT NAME	Y Y Y Y M M D D

SECTION D. RECOMMENDER DETAILS

RECOMMENDED BY:	MEMBER NO.:
RELATIONSHIP:	PHONE NO. (HOME):
EMPLOYER:	MOBILE NO.:
SIGNATURE:	WORK NO.:

SECTION E. POLITICALLY EXPOSED PERSONS (PEPs) *Individuals who are or have been entrusted with prominent functions by a foreign country or in Trinidad and Tobago*

Please tick if you fall into any of these categories:

	YES	NO
Head of State	<input type="checkbox"/>	<input type="checkbox"/>
Head of Government	<input type="checkbox"/>	<input type="checkbox"/>
Senior Politicians [Parliament Members (national, local or THA elections), Senators, Appointed to serve in the THA under the THA Act, Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Government Official [Permanent Secretary, Accounting Officer under the Exchequer & Audit Act, or holding equivalent positions in a foreign country]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Judicial Official [Chief Justice, Judges of the Supreme Court (Appeal & High Court Judges), Masters of the Supreme Court, Industrial Court Judges, Caribbean Court of Justice Judges, The Registrar, Deputy Registrar, Assistant Registrar, Chief Magistrate, Deputy Chief Magistrates and Magistrates of the Magistracy]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Military Officials [eg. Defence Force - Major General, Brigadier General, Colonel, Lieutenant Colonel. Air Guard - Group Captain, Wing Commander, Squadron Leader. Coast Guard - Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Executive of State Owned Corporations - [Chairman, Deputy Chairman, President or Vice President of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other person who is duly appointed to perform functions similar to those normally performed by the holder of any office specified]	<input type="checkbox"/>	<input type="checkbox"/>
Important Political Party Official [Chairman, Deputy Chairman, Secretary, Treasurer of a political party registered under the Representation of the People Act or individuals holding equivalent positions in a foreign country]	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Family Member of Individuals described above [Spouse, Parent, Siblings, Children & Children of the Spouse of that person]	<input type="checkbox"/>	<input type="checkbox"/>
Persons who are or have been entrusted with prominent functions by an international organisation which refers to members of senior management [eg. directors and members of the board or equivalent functions]	<input type="checkbox"/>	<input type="checkbox"/>
Close personal or professional associate of the PEP	<input type="checkbox"/>	<input type="checkbox"/>

If You have answered yes to any of the questions above please complete the Enhanced Due Diligence form

I hereby certify that the above information is true and correct as at the date completed.

MEMBER'S SIGNATURE (Please sign inside box)		DATE
		Y Y Y Y M M D D
WITNESSED BY		DATE
		Y Y Y Y M M D D



**TECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
APPLICATION FOR MEMBERSHIP**

MEMBER NO.:

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SECTION F. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

ARE YOU A CITIZEN OF ANY COUNTRY OTHER THAN TRINIDAD AND TOBAGO?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DOCUMENT REQUIRED • (If yes, copies of relevant passport(s) to be provided and give details)
ARE YOU A U.S. CITIZEN, RESIDENT OR GREEN CARD HOLDER? If Yes, Provide Details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	• W-9 OR W-8BEN • Document validating US citizenship • Non-US passport or similar documentation establishing foreign citizenship
ARE YOU A GRANTEE OF A POWER OF ATTORNEY OR AN AUTHORISED SIGNATORY WITH A U.S. ADDRESS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	• W-9 OR W-8BEN
ARE YOU GIVING STANDING INSTRUCTIONS FOR THE TRANSFER OF DIVIDEND INCOME/REGULAR INCOME TO A U.S. ACCOUNT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	• W-9 OR W-8BEN

ARE YOU A PERSON WHO MUST COMPLY WITH DISCLOSURE REQUIREMENT OF TAX RESIDENCY? YES NO
If Yes, Please list the Country(ies) of Residency for Tax Purposes and Corresponding Social Security Number (SSN) or Individual Tax Identification Number (ITIN) Details

COUNTRY 1 _____ SSN / ITIN: _____
 COUNTRY 2 _____
 COUNTRY 3 _____

If you have **ANSWERED NO TO ALL** the questions in this section, please sign below

MEMBER'S SIGNATURE: DATE _____
 Y Y Y Y M M D D

If you have **ANSWERED YES TO ANY** of the questions in this section, please complete this declaration:

UNDER PENALTY OF PERJURY, I CERTIFY THAT:
 i. THE INFORMATION HEREIN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TO BE TRUE AND CORRECT.
 ii. I AM NOT A CITIZEN OR RESIDENT FOR TAX PURPOSES OF ANY COUNTRY OTHER THAN THOSE LISTED IN THIS SECTION.
 iii. I WILL NOTIFY TECU CREDIT UNION IMMEDIATELY IN THE EVENT OF ANY CHANGE TO THE INFORMATION STATED IN THIS SECTION.
 iv. I AGREE THAT TECU CREDIT UNION CAN PROVIDE TO THE UNITED STATES INTERNAL REVENUE SERVICE (U.S. IRS) AND TO ANY RELEVANT TAX AUTHORITY (OR ANY PARTY AUTHORISED 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 U.S. IRS OR OTHER RELEVANT TAX AUTHORITY RELATING TO MY ACCOUNT(S) WITH TECU CREDIT UNION.

MEMBER'S SIGNATURE: DATE _____
 Y Y Y Y M M D D

SECTION G. GENERAL INFORMATION

HIGHEST LEVEL OF EDUCATION PRIMARY SECONDARY UNDERGRADUATE DEGREE
 POSTGRADUATE DEGREE OTHER

PREFERRED METHOD OF COMMUNICATION
 PHONE CALL E-MAIL TEXT MESSAGE MAIL

HOW DID YOU HEAR ABOUT TECU?
 NEWSPAPER RADIO TELEVISION DIGITAL RELATIVE WEBSITE
 SOCIAL MEDIA FRIEND CO-WORKER TECU MEMBERS TECU STAFF
 EXPO/TRADE SHOWS

WOULD YOU BE INTERESTED IN A LOAN WITHIN THE NEXT SIX (6) MONTHS? YES NO

VEHICLE MORTGAGE SECURED CHARACTER UNSECURED CHARACTER

ARE YOU A MEMBER OF ANY OTHER CREDIT UNION? YES NO

IF YES, STATE NAME OF CREDIT UNION _____

SPOUSE INFORMATION

SURNAME _____ FIRST NAME _____ CONTACT NO. _____

IS SPOUSE A MEMBER OF TECU CREDIT UNION? YES NO IF YES, STATE MEMBER NO. _____

ACCEPTANCE OF YOUR MEMBERSHIP IS ON THE UNDERSTANDING THAT YOU WILL ABIDE BY THE RULES AND BYE-LAWS OF TECU. FAILURE TO DO SO MAY RESULT IN YOUR EXPULSION FROM THE ORGANISATION.



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MEMBER NO.:

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FOR OFFICIAL USE ONLY												
FORMER MEMBER		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LINCARD CARD		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IS ACCOUNT JOINT		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MEMBER NO. _____			CATEGORY _____			JOINT PARTNER MEMBER NO. _____						
DATE OF APPLICATION _____						DATE JOINED C.U. _____						
Y Y Y Y M M D D						(as per BOD approval) Y Y Y Y M M D D						
FATF List Checked		YES <input type="checkbox"/>	NO <input type="checkbox"/>	CFATF List Checked		YES <input type="checkbox"/>	NO <input type="checkbox"/>	PEP Completed		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Match Found		<input type="checkbox"/>	<input type="checkbox"/>	Match Found		<input type="checkbox"/>	<input type="checkbox"/>	PEP Identified		<input type="checkbox"/>	<input type="checkbox"/>	
UN 1267 ISIL (Da'esh) & Al-Qaida Sanctions List Checked						YES <input type="checkbox"/>	NO <input type="checkbox"/>	T&T Consolidated List of Court Orders			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Positive Match						<input type="checkbox"/>	<input type="checkbox"/>	Positive Match			<input type="checkbox"/>	<input type="checkbox"/>
UN 2231 List on Iran Nuclear Issue Checked						YES <input type="checkbox"/>	NO <input type="checkbox"/>	UN1718 Sanctions List Materials (DPRK)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Positive Match						<input type="checkbox"/>	<input type="checkbox"/>	Positive Match			<input type="checkbox"/>	<input type="checkbox"/>
CHECKED BY: _____			SIGNATURE _____			PRINT NAME _____			DATE _____			
									Y Y Y Y M M D D			
ENTERED BY: _____			SIGNATURE _____			PRINT NAME _____			DATE _____			
									Y Y Y Y M M D D			
AUTHORISED BY: _____			SIGNATURE _____			PRINT NAME _____			DATE _____			
									Y Y Y Y M M D D			
DOCUMENT CHECKLIST: (Please provide original documents)										Check Box		
1. Two (2) forms of valid gov't issued identification (i.e. National Identification Card, Driver's Permit, Passport)										<input type="checkbox"/>		
2. Proof of Address must carry applicant's name (i.e. Utility Bill excluding mobile bills or Bank Statement) (N.B. If the utility bill is not on the applicant's name, written consent and valid gov't issued identification are required from the bill owner to use the bill)										<input type="checkbox"/>		
3. Recommender – a member of TECU for more than three (3) years, minimum shareholding of \$2,500.00 and in good financial standing										<input type="checkbox"/>		
4. Joint Partner's &/or Beneficiary's Valid Government Issued Identification (i.e. National Identification Card, Driver's Permit, Passport) (N.B. Joint Partner (minimum age 14 years) must be a member of TECU Credit Union)										<input type="checkbox"/>		
5. Minimum deposit to Share Account - \$300.00										<input type="checkbox"/>		
6a. Proof of Employment & Income - Job Letter (not older than 3 months) & Payslip (not older than 1 month)										<input type="checkbox"/>		
6b. Business Registration Certificate or Articles of Association and Income & Expenditure Statement or Bank Statements for the last three (3) months										<input type="checkbox"/>		
6c. Letter from person funding the account, Job Letter (not older than 3 months), Payslip (not older than 1 month) & valid gov't issued identification										<input type="checkbox"/>		
6d. Pension letter from Gov't / Private Institution, Pension Slip or last 3 months Bank Statement outlining pension deposits										<input type="checkbox"/>		
7. Foreigners / non-residents - A reference letter is required as confirmation/evidence of prospective member's relationship with their foreign bank (legal requirement)										<input type="checkbox"/>		