



**TECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
MEMBER'S INFORMATION UPDATE**

MEMBER NO.:

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	<input type="checkbox"/>	CITY OF SAN FERNANDO	<input type="checkbox"/>	WARD OF TOBAGO	<input type="checkbox"/>	BOROUGH OF ARIMA	<input type="checkbox"/>
	BOROUGH OF POINT FORTIN	<input type="checkbox"/>	BOROUGH OF CHAGUANAS	<input type="checkbox"/>	REGION OF SIPARIA	<input type="checkbox"/>	REGION OF PENAL/DEBE	<input type="checkbox"/>
	REGION OF PRINCES TOWN	<input type="checkbox"/>	REGION OF DIEGO MARTIN	<input type="checkbox"/>	REGION OF COUVA/TABAQUITE/TALPARO	<input type="checkbox"/>		
	REGION OF SANGRE GRANDE	<input type="checkbox"/>	REGION OF TUNAPUNA/PIARCO	<input type="checkbox"/>	REGION OF SAN JUAN/LAVENTILLE	<input type="checkbox"/>		
	REGION OF MAYARO/RIO CLARO	<input type="checkbox"/>						
MAILING ADDRESS _____ <i>(If different from above)</i>								
DATE OF BIRTH	_____		GENDER	M <input type="checkbox"/>	F <input type="checkbox"/>	NO. OF CHILDREN	_____ <input type="checkbox"/>	
	Y Y Y Y M M D D							
PLACE OF BIRTH	TOWN/CITY _____				COUNTRY _____			
NATIONALITY	_____				NATIONAL	<input type="checkbox"/>	NON-NATIONAL	<input type="checkbox"/>
					RESIDENT	<input type="checkbox"/>	NON-RESIDENT	<input type="checkbox"/>
MARITAL STATUS	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	COMMON LAW	<input type="checkbox"/>	
<i>(Please Tick One)</i>								
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			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
PERMANENT	TEMPORARY	CASUAL	CONTRACT	SELF EMPLOYED	UNEMPLOYED	RETIRED	WEEKLY	FORTNIGHTLY	MONTHLY	Y Y Y Y M M D D		
SECTOR EMPLOYED												
PUBLIC	<input type="checkbox"/>	PRIVATE	<input type="checkbox"/>	SELF EMPLOYED	<input type="checkbox"/>	OTHER			<input type="checkbox"/>			
AVERAGE MONTHLY INCOME												
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
UNDER \$5000		\$5000-\$12000		\$12001-\$17000		\$17001-\$22000		\$22001-\$27000		\$27001 AND OVER		
OCCUPATION _____						EMPLOYEE NUMBER _____						
EMPLOYER _____												
EMPLOYER ADDRESS _____												
ACCOUNT FUNDED VIA SALARY <input type="checkbox"/> OTHER <input type="checkbox"/>												
<i>(Specify other source of funds. How will you fund the account? E.g. Savings from bank account)</i>												
PURPOSE & NATURE OF BUSINESS RELATIONSHIP												
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
SHARES			FIXED DEPOSIT			LOAN			LINCU			



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SECTION C. 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 DATE / /
(Please sign inside box) Y Y Y Y M M D D

SECTION D. 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



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SECTION E. 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. _____

**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.**

FOR OFFICIAL USE ONLY

LINCUCARD YES NO IS ACCOUNT JOINT YES NO J.P. MEMBER NO. _____ E-SERVICES YES NO

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"/>	FATCA Dec. 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"/>	Member Identified	<input type="checkbox"/>	<input type="checkbox"/>
UN 1267 ISIL (Da'esh) & Al-Qaida Sanctions List Checked	<input type="checkbox"/>	<input type="checkbox"/>	T&T Consolidated List of Court Orders	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	UN1718 Sanctions List Materials (DPRK)	<input type="checkbox"/>	<input type="checkbox"/>	Positive Match	<input type="checkbox"/>	<input type="checkbox"/>	Positive Match	<input type="checkbox"/>	<input type="checkbox"/>

CHECKED BY:	_____	_____	DATE	_____
	SIGNATURE	PRINT NAME		Y Y Y Y M M D D
ENTERED BY:	_____	_____	DATE	_____
	SIGNATURE	PRINT NAME		Y Y Y Y M M D D
AUTHORISED BY:	_____	_____	DATE	_____
	SIGNATURE	PRINT NAME		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) (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. 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"/>
4a. Proof of Employment & Income - Job Letter (not older than 3 months) & Payslip (not older than 1 month)	<input type="checkbox"/>
4b. Business Registration Certificate or Articles of Association and Income & Expenditure Statement or Bank Statements for the last three (3) months	<input type="checkbox"/>
4c. 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"/>
4d. Pension letter from Gov't / Private Institution, Pension Slip or last 3 months Bank Statement outlining pension deposits	<input type="checkbox"/>
5. Foreigners - A reference letter is required as confirmation/evidence of prospective member's relationship with their foreign bank (legal requirement)	<input type="checkbox"/>