## AGRICOLA CREDIT UNION CO-OPERATIVE SOCIETY LIMITED 20 PHILLIP STREET, PORT OF SPAIN, TRINIDAD. TEL: 627-3009/3127 APPLICATION FOR MEMBERSHIP FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

Member Picture

**APPENDIX 10** 

DATE [	How did you find out about the Credit Union   FRIEND   ANOTHER MEMBER   RELATIVE   CREDIT UNION STAFF   WEBSITE   OTHER					
PERSONAL INFORMATION						
NAME	$Mr. \square$ $Mrs. \square$ $Ms. \square$ $GENDER: \square M$ $\square F$					
RESIDENTIAL	SURNAME FIRST OTHER					
ADDRESS						
VERIFICATION	☐ Utility Bill ☐ Bank Statement ☐ Other – Must be in Member's name and within 3 months					
POSTAL/MAILING ADDRESS (If different from above)						
DATE OF BIRTH	PLACE OF BIRTH  day month year COUNTRY OF RESIDENCE  NATIONAL NON NATIONAL NATIONAL NATIONALITY					
TELEPHONE	Home Work Cell / Mobile					
CONTACT						
E-MAIL ADDRESS	FAX No.					
MARITAL STATUS	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Common Law ☐ Other					
NEXT OF KIN	NAME RELATIONSHIP TEL. NO					
IDENTIFICATION	DP DD MM YYYY  DD MM YYYY  NIS NO.  BIR FILE NO. / TAX NO.  NIS NO.					
EMPLOYER NA	OCCUPATION INFORMATION  THE PROPERTY OF THE PR					
WORK ADDRESS EMPLOYEE NO:						
POSITION/						
OCCUPATIO						
PERIOD OF EMPLOYMEN						
DATE OF	TELEPHONE -					
EMPLOYME	NI ————					
If Self-Employe	SELF EMPLOYED  ed or with side job please complete:					
Occupation:	en or men plue Jon brense complete.					
Name of Busine	ess:					
Business Addre						
Business Teleph						
VAT Registration Number (if applicable):						
Certificate of Incorporation (if applicable):         Copy Attached:         Yes         No           Gross Annual Income Details:         < \$50,000						
GENERAL INFORMATION						
1. Why do you want to be a member? State reason.						
2. Were you previously a member of this credit union? If yes, state reason for resigning.  Yes No						
3. Were you expelled? If yes, state reason:						
4. Are you related to any Member / Elected Officer of the credit union? Yes No						
5. If yes, give name and relationship						

## **BENEFICIARY INFORMATION**

I hereby nominate the undermentioned to receive my interest and benefits in the event of my death or disability **NAME** Mr.  $\square$ Ms.  $\square$ FIRSTNAME OTHER SURNAME **RELATIONSHIP** RESIDENTIAL **ADDRESS** PLACE OF DATE OF BIRTH BIRTH day month vear NATIONALITY TELEPHONE Home Work Cell CONTACT EXPIRY DATE BIR FILE NO. / TAX NO. COUNTRY OF ISSUANCE BIRTH CERTICIFCATE PIN **IDENTIFICATION** COUNTRY OF ISSUANCE NIS NO. DD MM YYYY COUNTRY OF ISSUANCE PEP: YES NO POLITICALLY EXPOSED PERSONS (PEP) PURSUANT TO REGULATION 20 OF THE FINANCIAL OBLIGATIONS REGULATIONS THE FOLLOWING QUESTIONS MUST BE ANSWERED Please tick if you fall into any of these categories: Are you an INDIVIDUAL, in Trinidad and Tobago or a Foreign Country or a Close Personal / Professional Associate of: a) Head of State YES NO YES NO NO b) Government c) Senior Politicians [Parliament Members (national, local or THA elections), Senators, Appointed YES NO to serve in the THA under the THA Act, Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act] d) Senior Government Official [Parliament Secretary, Accounting Officer under the Exchequer & YES NO Audit Act, or holding equivalent positions in a foreign country] YES NO e) 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] f) Senior Military Officials [e.g. Defence Force – Major General, Brigadier General, Colonel, YES NO Lieutenant Colonel. Air Guard - Group Captain, Wing Commander, Squadron Leaders, Coast Guard - Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force g) Senior Executives of State-owned Corporations – [Chairman, Deputy Chairman, President or YES NO 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.] h) Important Political Party Officials [Chairman, Deputy Chairman, Treasurer of a Political Party YES NO registered under the Representation of the People Act or individuals holding equivalent positions in foreign country] YES NO i) Persons who are or have been entrusted with a prominent function by an international **organisation which refers to members of senior management** such as directors and members of the board or equivalent functions; (UN, OAS, IADB, ILO, CFATF) j) Immediate Family Member of individuals described above [Spouse, Parents, Siblings, YES NO Children & children of the Spouse of that person] YES NO k) Are you publicly known or actually known to the relevant financial institution to be a close a personal or professional associate of the persons referred to in any of the above. If you have answered <u>YES</u> to any of the above please provide detail

## **Declaration**

I hereby declare that the above information is true and correct to the best of my knowledge and I shall immediately update Agricola Credit Union if there is any change in such information. I authorize Agricola Credit Union to verify any or all information provided. I hereby promise to abide by the rules and regulations made and to be made of the Credit Union. I agree to indemnify the Society against any loss, claims damages liabilities or actions and legal proceedings and or other expense which may be directly or indirectly incurred as a consequence of incorrect or misleading information given by me. In addition, I/We also give Agricola Credit Union Cooperative Society Ltd, permission to obtain any credit report on my financial position from time to time throughout the duration of any loans being held with the organization.

SIGNATURE OF APPLICANT		DATE	•••••			
WITNESS: NAME:						
ADDRESS:						
OCCUPATION: DATE:						
RECOMMENDER						
I,hav Agricola Credit Union Co-operative Society Limit		the applica	ant, recom	mend him/her for membership in		
Signature of Recommender Account Number of Recommender Relationship						
	FOR OFFICIAL USE ON	 L <u>Y</u>				
Signature of Collector		DD-MM-YY				
Authorizing Supervisor		··· DD-MM-YY				
Receipt No: -	Amount Paid: - \$			FEE/SHARE PURCHASE		
	akdown: - Shares: - \$ Deposits: - \$					
	Admin Fee: - \$					
Total Deductions: - \$	Total Deductions: - \$					
Date of approval/rejection of membership by Board of Directors:						
Signature of Secretary Signature of Director						
Date <b>DD-MM-YY</b> Date <b>DD-MM-YY</b>						
COMPLIANCE CONTROL						
UN2253 (UN1267 List) Trinidad and Tobago Consolidated List of Court (	No□ No□					
Economic Sanctions Orders	Yes□ Yes□	No□				
	WHICH CATEGORY					
Member Risk Profile High□	Medium□		$\mathbf{Low}\square$			
COMPLIANCE OFFICER SIGNATURE:						
DOCUMENTS CHECKLIST (PLEASE PROVIDE ORIGINAL DOCUMENTS)						
Two (2) forms of Valid identification (i.e. National identification Card, Drivers Permit, Passport)						
Proof of Address must carry applicant's name (utility Bill or Bank Statement in Absence of Utility Bill) (N.B. If the utility bill is not in the applicant's name, written consent and valid identification are required from the owner to use the bill)						
Beneficiary's Valid Identification (i.e. National identification Card, Drivers Permit, Passport )						
Proof of Employment – Job Letter (within 3 months)						
Proof of income - Pay slip (within 1 month)						
Self-Employed – Business Registration and other Statutory Documents Required						
Unemployed Persons – Evidence to support how the account will be funded						
Applicable to foreigners / non – residents only – A reference letter is required as confirmation/ evidence of prospective member's relationship with their foreign bank (legal requirement )						