

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, _____ having reasonable knowledge of the applicant, recommend him/her for membership in Agricola Credit Union Co-operative Society Limited.

Signature of Recommender _____ Account Number of Recommender _____
 Relationship _____

FOR OFFICIAL USE ONLY

Signature of Collector Date **DD-MM-YY**

Authorizing Supervisor Date **DD-MM-YY**

Receipt No: - Amount Paid: - \$

Breakdown: - Shares: - \$..... Deposits: - \$

Admin Fee: - \$..... FIP: - \$

Total Deductions: - \$ Date Received: -

Date of approval/rejection of membership by Board of Directors: -

DD-MM-YY

<u>FEE/SHARE PURCHASE</u>	
ENTRANCE \$	_____
MONTHLY SHARES	
<input type="checkbox"/> \$100	
<input type="checkbox"/> \$200	
<input type="checkbox"/> \$300	
<input type="checkbox"/> \$500	
<input type="checkbox"/> OTHER	_____

.....
 Signature of Secretary

.....
 Signature of Director

.....
 Date **DD-MM-YY**

.....
 Date **DD-MM-YY**

COMPLIANCE CONTROL

UN2253 (UN1267 List) Yes No

Trinidad and Tobago Consolidated List of Court Orders (s. 22B(3) of ATA) Yes No

Economic Sanctions Orders Yes No

Is Applicant a PEP? Yes No IF YES, WHICH CATEGORY _____

Member Risk Profile High Medium Low

COMPLIANCE OFFICER SIGNATURE: _____ DATE: _____

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)