**AGRICOLA CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**

Branch:

 POS ⬜

ARIMA ⬜

TOBAGO ⬜

Marabella ⬜

Member

Picture

 **20 PHILLIP STREET, PORT OF SPAIN, TRINIDAD. TEL: 627-3009/3127**

 **APPLICATION FOR MEMBERSHIP**

**APPENDIX 10**

***FORM TO BE COMPLETED IN BLOCK LETTERS ONLY***

**⬜ FRIEND ⬜ ANOTHER MEMBER**

**⬜ RELATIVE ⬜ CREDIT UNION STAFF**

**⬜ WEBSITE ⬜ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find out about the Credit Union?**

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 *day month year*

**PERSONAL INFORMATION**

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| NAME | Mr. □ Mrs. □ Ms.□ GENDER: ⬜ M ⬜ F

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SURNAME FIRST OTHER |
| RESIDENTIALADDRESS |  |
| 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 |

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PLACE OF BIRTHCOUNTRY OF RESIDENCE *day month year*NATIONALITY NATIONAL ⬜ NON NATIONAL ⬜  |
| TELEPHONE CONTACT | Home

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| E-MAIL ADDRESS |

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| MARITAL STATUS | □ Single □ Married □ Divorced □ Widowed □ Separated □ Common Law □ Other |
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COUNTRY OF ISSUANCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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BIRTH CERTICIFCATE PIN.

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**OCCUPATION INFORMATION**

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| EMPLOYER NAME |

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| WORK ADDRESS |

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| POSITION/ OCCUPATION |  | SALARY $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MONTHLY ⬜ FORTHNIGHTLY ⬜ WEEKLY ⬜ |
| PERIOD OF EMPLOYMENT |  | CONTRACT 🞏 FULL- TIME 🞏 |
| DATE OF EMPLOYMENT | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ **DD-MM-YYYY** |

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 TELEPHONE |

**SELF EMPLOYED**

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| **If Self-Employed or with side job please complete:** |
| Occupation: |
| Name of Business: |
| Business Address: |
| Business Telephone Number: ( ) - |
| VAT Registration Number (if applicable): |
| Certificate of Incorporation (if applicable): Copy Attached: Yes ⬜ No ⬜ |
| Gross Annual Income Details: < $50,000⬜ $50,000 - $100,000 ⬜ $100,000 - $200,000 ⬜ $200,000 - $400,000 ⬜ >$400,000 ⬜ |

**GENERAL INFORMATION**

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| 1. Why do you want to be a member? State reason.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Were you previously a member of this credit union? If yes, state reason for resigning. Yes ⬜ No ⬜

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Were you expelled? If yes, state reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Are you related to any Member / Elected Officer of the credit union? Yes ⬜ No ⬜
2. 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.

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| NAME  |

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Mr. □ Mrs. □ Ms. □SURNAME FIRSTNAME OTHER |
| RELATIONSHIP |

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| RESIDENTIAL ADDRESS |  |
| DATE OF BIRTH |

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PLACE OF BIRTHNATIONALITY *day month year* |
| TELEPHONE CONTACT | Home

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COUNTRY OF ISSUANCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DP

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 **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:

|  |  |
| --- | --- |
| 1. **Head of State**
 | YES ⬜ NO ⬜ |
| 1. **Government**
 | YES ⬜ NO ⬜ |
| 1. **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]
 | YES ⬜ NO ⬜ |
| 1. **Senior Government** **Official** [Parliament Secretary, Accounting Officer under the Exchequer & Audit Act, or holding equivalent positions in a foreign country]
 | YES ⬜ NO ⬜ |
| 1. **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]
 | YES ⬜ NO ⬜ |
| 1. **Senior Military Officials** [e.g. Defence Force – Major General, Brigadier General, Colonel, Lieutenant Colonel.
 | YES ⬜ NO ⬜ |
| Air Guard – Group Captain, Wing Commander, Squadron Leaders, Coast Guard – Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force |
| 1. **Senior Executives 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.]
 | YES ⬜ NO ⬜ |
| 1. **Important Political Party Officials**[Chairman, Deputy Chairman, Treasurer of a Political Party registered under the Representation of the People Act or individuals holding equivalent positions in foreign country]
 | YES ⬜ NO ⬜ |
| 1. **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)
 | YES ⬜ NO ⬜ |
| 1. **Immediate Family Member of individuals described above** [Spouse, Parents, Siblings, Children & children of the Spouse of that person]
 | YES ⬜ NO ⬜ |
| 1. 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**.
 | YES ⬜ NO ⬜ |
| **If you have answered YES 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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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**

**DD-MM-YY**

Signature of Collector ……………………………………………… Date …………………………………………

Authorizing Supervisor …………………………………………… Date …………………………………………

**DD-MM-YY**

Receipt No: - ………………………………… Amount Paid: - $ ……………………………….

**FEE/SHARE PURCHASE**

ENTRANCE $\_\_\_\_\_\_\_\_\_\_\_

MONTHLY SHARES

 $100

 $200

 $300

 $500

 OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breakdown: - Shares: - $……………………………. Deposits: - $ …………………………………...

 Admin Fee: - $………………………. FIP: - $ ..……………………………………….

Total Deductions: - $ …………………………………… Date Received: - ………………………………

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

**DD-MM-YY**

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 Signature of Secretary Signature of Director

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**DD-MM-YY**

**DD-MM-YY**

 Date Date

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| **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)**

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| ⬜ 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 ) |