



FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

Branch:

PORT OF SPAIN
 ARIMA
 TOBAGO
 MARABELLA

HOW DID YOU HEAR ABOUT AGRICOLA?

Member Website
 Relative CU Employee
 Other - _____

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

NAME	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
	_____	_____	_____
	SURNAME	FIRST	OTHER
RESIDENTIAL ADDRESS (block letters)	_____		
MAILING ADDRESS (if different)	_____		
DATE OF BIRTH	NATIONAL <input type="checkbox"/> NON-NATIONAL <input type="checkbox"/>	PLACE OF BIRTH _____	
	DD / MM / YYYY	COUNTRY OF RESIDENCE _____	
		NATIONALITY _____	
TELEPHONE CONTACT	_____	_____	_____
	Home	Work	Cell / Mobile FAX No.
SOCIAL MEDIA CONTACT (if applicable)	<input type="checkbox"/> Facebook _____		
	<input type="checkbox"/> Instagram _____		
	<input type="checkbox"/> Tik Tok _____		
EMAIL ADDRESS	_____		
MARITAL STATUS	<input type="checkbox"/> 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"/> Other		
IDENTIFICATION	1. ID # _____ EXP ___/___/___ COUNTRY OF ISSUANCE: _____		
	2. DP# _____ EXP ___/___/___ COUNTRY OF ISSUANCE: _____		
	3. PP# _____ EXP ___/___/___ COUNTRY OF ISSUANCE: _____		
NEXT OF KIN	_____	_____	_____
	FIRST / LAST NAME	RELATIONSHIP	CONTACT No .
ADDITIONAL INFORMATION	_____		
	BIR FILE NO. / TAX NO.	BIRTH CERTIFICATE PIN NO. ..	N.I.S NO.

EMPLOYMENT INFORMATION

EMPLOYER NAME	_____		
WORK ADDRESS	_____		
POSITION / OCCUPATION	_____		SALARY \$ _____
	_____		MONTHLY <input type="checkbox"/> FORTHNIGHTLY <input type="checkbox"/> WEEKLY <input type="checkbox"/>
PERIOD AND DATE OF EMPLOYMENT	YRS/MTHS	DD / MM / YYYY	PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CONTRACT <input type="checkbox"/>
	_____	_____	

SELF EMPLOYED / PART TIME EMPLOYMENT

OCCUPATION:
NAME OF BUSINESS:
BUSINESS ADDRESS:
BUSINESS TELEPHONE NUMBER:
VAT REGISTRATION NUMBER (IF APPLICABLE):
CERTIFICATE OF INCORPORATION (IF APPLICABLE):
GROSS ANNUAL INCOME: < \$50,000 \$50,000 - \$100,000 \$100,000 - \$200,000 \$200,000 - \$400,000 >\$400,000

BANKING INFORMATION (if applicable submit copy of Bank Statement as verification)

NAME OF BANK:
ACCOUNT #:
BRANCH ADDRESS:
NAME OF ACCOUNT HOLDER: (if different from member)
BRANCH/TRANSIT NUMBER (Mandatory for Scotiabank):
BANK ACCOUNT TYPE: Savings Chequing (must submit proof of Bank Account)

GENERAL INFORMATION

Products & Services
1. Reason for joining:
2. Are you a member of another CU? Yes No
3. Do you have any relative serving as an CU Officer? Yes No If yes, please state
Which Product / Service would you be interested in?
Online Banking Visa Debit Card Family Indemnity Plan (F.I.P.) Group Health Plan Savings Plans
Loans Other

BENEFICIARY INFORMATION

I hereby nominate the undermentioned to receive my interest and benefits in the event of my death or disability.

BENEFICIARY 1

NAME: Mr. Mrs. Ms. Marital Status: Single Married Divorced Other
SURNAME FIRST OTHER
RELATIONSHIP DATE OF BIRTH: DD/MM/YYYY PERCENTAGE %
RESIDENTIAL ADDRESS
IDENTIFICATION: ID# DP# PP# TELEPHONE CONTACT: Home Work Cell

BENEFICIARY 2

NAME	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other		
	SURNAME	FIRST	OTHER
RELATIONSHIP		DATE OF BIRTH: <u> </u> / <u> </u> / <u> </u> <small>DD MM YYYY</small>	PERCENTAGE % <u> </u>
RESIDENTIAL ADDRESS			
IDENTIFICATION	ID# <u> </u>	TELEPHONE CONTACT	
	DP# <u> </u>	Home <u> </u>	
	PP# <u> </u>	Work <u> </u>	
		Cell <u> </u>	

The Co-operative Societies Act Chapter 81:03 states: A society shall subject to Section 30 and unless prevented by order of a Court of competent jurisdiction and in conformity with Section 41 (3) (as amended via Section 8 of Act No. 23 of 2019 cited as Finance Act, 2019) pay to such nominee or legal personal representative, as the case may be, a sum not exceeding fifty thousand dollars (\$50,000.00) due to the deceased member from the Society. All other monies due to the deceased member from the Society shall fall into his estate and be subject to all respects of the laws relating to inheritance including the requirements to pay estate duty.

COMPLIANCE

POLITICALLY EXPOSED PERSONS (PEP)

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:

Head of State or Government	YES <input type="checkbox"/> NO <input type="checkbox"/>
Senior Politicians	YES <input type="checkbox"/> NO <input type="checkbox"/>
Senior Government Official	YES <input type="checkbox"/> NO <input type="checkbox"/>
Senior Judicial Official	YES <input type="checkbox"/> NO <input type="checkbox"/>
Senior Military Officials	YES <input type="checkbox"/> NO <input type="checkbox"/>
Senior Executives of State-owned Corporations	YES <input type="checkbox"/> NO <input type="checkbox"/>
Important Political Party Officials	YES <input type="checkbox"/> NO <input type="checkbox"/>
Persons who are or have been entrusted with a prominent function by an international organisation which refers to members of senior management in these organisations (UN, OAS, IADB, ILO, CFATF)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Immediate Family Member of individuals described above [Spouse, Parents, Siblings, Children & children of the Spouse of that person]	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>

If you have answered YES to any of the above, please provide details:

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 character of the applicant, recommend him/her for membership in AGRICOLA Credit Union Co-operative Society Limited.

Signature of Recommender _____ Date: _____

Account # of Recommender _____ Relationship: _____

RECEIPT OF FUNDS

Signature of CU Staff _____ Date _____

Authorizing Supervisor _____ Date _____

Receipt No: _____ Amount Paid: \$ _____

Breakdown: -Entrance Fee: - \$ _____ Shares: - \$ _____

Deposits: - \$ _____ Other: - \$ _____

Account Number Assigned: _____

Date of approval/rejection of membership by Board of Directors: - _____ DD-MM-YY

Signature of Secretary _____

Credit Union Stamp _____

Date _____

Date _____

COMPLIANCE CONTROL

Individual/ Entity

Designated

Referenced against UN2253 (UN1267 List)

Yes No

Trinidad and Tobago Consolidated List of Court Orders (s. 22B(3) of ATA)

Yes No

OFAC List

Yes No

Economic Sanction Order

Yes No

FATF's List of NCCTs

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)

ADULT

- \$10 APPLICATION FEE
- 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 on the applicant's name, written consent and valid identification are required from the bill 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)

PARENT / GUARDIAN

- \$10 APPLICATION FEE
- Two (2) forms of valid identification – Parent (National ID card, Driver's Permit, Passport)
- Proof of address - Parent Utility Bill or Bank Statement (within 3 months)
- Proof of Employment - Parent Job Letter (within 3 months)
- Proof of Income – Parent Payslip (within 1 month)

MINOR

- \$10 APPLICATION FEE
- Two (2) forms of valid identification – Minor (National ID card, Passport)
- Birth Certificate