



MEMBERSHIP APPLICATION FORM

MEMBERSHIP# _____

PERSONAL INFORMATION

APPLICANT'S NAME _____ GENDER ☐ MALE ☐ FEMALE

DATE OF BIRTH DD MM YYYY PLACE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

ID CARD/EXPIRY DATE _____

PASSPORT/EXPIRY DATE _____

DRIVER'S PERMIT/EXPIRY DATE _____

BIRTH CERTIFICATE PIN _____

HOME ADDRESS _____

MAILING ADDRESS _____

CERTIFIED BY ATTACHED UTILITY BILL ☐ YES ☐ NO

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐ COMMON LAW

NAME OF SPOUSE _____ PHONE CONTACT NO. _____ NO. OF DEPENDANTS _____

TELEPHONE NUMBER: OFFICE _____ HOME _____ MOBILE _____ EMAIL _____

EMPLOYMENT INFORMATION

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

OCCUPATION/PROFESSION _____ SALARY FREQUENCY ☐ MONTHLY ☐ FORTNIGHTLY ☐ WEEKLY

EMPLOYMENT STATUS ☐ PERMANENT ☐ SELF EMPLOYED ☐ CONTRACT ☐ RETIRED ☐ CASUAL ☐ TEMPORARY

INCOME CATEGORY ☐ Under \$1,500 ☐ \$1,501 - \$3,000 ☐ \$3,001 - \$4,500 ☐ \$4,501 - \$6,000
MONTHLY ☐ \$6,001 - \$7,500 ☐ \$7,501 - \$9,000 ☐ \$9,001 - \$11,000 ☐ Over \$11,000

KNOW YOUR MEMBER

A "politically exposed person" means a person who is or was entrusted with important public functions such as:

- (a) a current or former senior official in the Executive, Legislative, Administrative or Judicial branch of government, whether elected or not;
- (b) a senior official of a major political party;
- (c) a senior executive of a government-owned commercial enterprise;
- (d) a senior military official;
- (e) an immediate family member of a person mentioned in paragraphs (a) to (d) meaning the spouse, parents, siblings or children of that person and the parents, siblings and additional children of the person's spouse.
- (f) A close personal or professional associate of the person mentioned in (a) to (d).

Questionnaire to be completed in accordance with the Laws of Trinidad and Tobago relative to 'Know Your Customers'.

Please complete by ticking the boxes below that are applicable to you:

1. T&T National ☐ Yes ☐ No Do you have dual citizenship ☐ Yes ☐ No
2. U.S. Resident ☐ Yes ☐ No If Yes please state your IRS Tax Number _____
3. Other (Please State) _____

Please state if you or any of your family members hold the post of:

Director on a State Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	A member of the Judiciary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minister of Government	<input type="checkbox"/> Yes <input type="checkbox"/> No	A Senior Official employed at a Public Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diplomat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupy a senior role/position within the Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to any of the above please list:

Name of person occupying the post: _____

PRIVACY STATEMENT AND AUTHORIZATION

I acknowledge that any personal information about me in my application, and any other personal information about me collected by the Credit Union, will be used by the Credit Union to assess my application, and if approved, to establish and administer my Credit Union membership. I acknowledge that if this personal information about me is not provided to the Credit Union it may be unable to process or accept my application, or to operate or administer my membership and accounts.

I authorize and consent to the Credit Union obtaining further information on my credit and employment history from any financial institution, credit bureau or any other person/corporation with whom I may have had dealings from time to time and any such source is hereby authorized to provide the Credit Union with the requested information. You are authorized to disclose to any Credit Bureau and other credit grantor any information about my credit history. I agree to indemnify you against any loss, claims, damages, liabilities, actions and proceedings, legal and/or other expense which may be directly or reasonably incurred as a consequence of such disclosure on your part.

NOMINATION CERTIFICATE

In the event of sickness or death, I hereby nominate _____ to receive all monies accruing to me in the Society.

Relationship to Applicant _____ Date of Birth of Beneficiary _____

Address of Beneficiary _____ Phone Contact No. _____

Signature of Applicant

Signature of Witness (CCCU STAFF)

Signature of Witness (CCCU STAFF)

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, pay to such nominee or legal personal representative as the case may be a sum not exceeding fifty thousand dollars (\$50,000) due to the deceased member from the Society. All other monies due to the deceased member from the Society shall fall into his estate to be subject to all respects of the laws relating to inheritance including the requirement to pay estate duty."

RECOMMENDATION FOR MEMBERSHIP

How did you hear about CCCU? ☐ CCCU EMPLOYEE ☐ FRIEND ☐ RELATIVE ☐ ONLINE _____

RECOMMENDED BY (Recommender must be a member in good standing for six months)

RELATIONSHIP TO APPLICANT

SIGNATURE OF RECOMMENDER

CCCU ACCOUNT NUMBER

DATE

OFFICIAL USE ONLY

You are required to provide the following documents upon submission of your application:

- ☐ Letter of Employment/Pay Slip/Pension/Other Income or last audited financial statement
- Any two forms of identification: ☐ Valid Passport ☐ T&T Identification Card ☐ Driver's License ☐ Birth Certificate
- ☐ Evidence verifying residential address: Copy of paid utility bills such as water, electricity and/or telephone, bank statement
- ☐ A Certificate of Registration as a Resident of Trinidad & Tobago

Self Employed/Sole Proprietor/Company Directors

- ☐ Articles of Incorporation, Notice of Directors, Notice of Secretaries, Notice of Registered Office

Groups/Clubs

- ☐ Minutes approving membership of club and authorized signatories to account

Acceptance of your membership is on the understanding that you will abide by the rules and byelaws of Community Care Credit Union Co-operative Society Limited. Failure to do so may result in your expulsion from the organisation.

- ☐ Share Savings (\$60) ☐ Entrance Fee (\$40) ☐ VISA Debit Card ☐ CUNA FIP PLAN _____

CUSTOMER DUE DILIGENCE SECTION: ISIL (Da'esh) & 'Al-Qaida Sanctions list UN2253 ☐ YES ☐ NO

Trinidad & Tobago Consolidated list of Court Orders (S.22B(3) of ATA) ☐ YES ☐ NO

Non-Cooperative Countries & Territories (NCCT) ☐ YES ☐ NO

AMI UPDATED BY/DATE

VERIFIED BY/DATE

PRE APPROVED BY GM : _____

DATE: _____

APPROVED

PRESIDENT

SECRETARY

DATE