



SFCCU CREDIT UNION
Co-operative Society Limited

MEMBERSHIP APPLICATION FORM

SFCCU Union Co-operative Society Limited

Head Office: No 16 Irving Street, San Fernando, Trinidad.

Website: www.sfccu.com Email: sfccuc@yahoo.com Tel: 1-868-868-657-5669

PHOTO

DATE: _____ / _____ / _____
DD MM YYYY

PERSONAL INFORMATION

Gender: Male Female **Title:** Mr. Ms. Mrs. **Status:** Single Married Divorced
Separated Widow/Widower Common-Law

NAME	_____		
	SURNAME	FIRST	OTHER

Date of Birth (DD/MM/YYYY):	Place of Birth:
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Nationality:	Other (dual) (please specify):
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Country of Residence:

Permanent Address:

Address Area (e.g. Port-of-Spain, Arima, Princess Town etc.):	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
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Mailing Address:

VERIFICATION	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other – Must be in Member's name and within 3 months
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Telephone Numbers:	Home: () _____	Mobile: () _____
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Email Address:	Bank Name:	Bank Acc No.:
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ID Type (2 forms)	Number	Country of Issue	Expiry Date (DD/MM/YYYY)
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National ID	_____	_____	_____
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Driver's Permit	_____	_____	_____
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Passport	_____	_____	_____
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BIR FILE NO. / TAX NO.	BIRTH CERTIFICATE PIN NO.	NIS NO.
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FOREIGN ACCOUNT TAX COMPLIANCE ACT

Are you a National of Trinidad & Tobago?	Do you have Dual Citizenship	Are you a US Resident
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No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
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Yes <input type="checkbox"/>	Yes <input type="checkbox"/> (Specify):	Yes <input type="checkbox"/> (State IRS tax number):
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NEXT OF KIN	_____		
	FIRST/LAST NAME	RELATIONSHIP	TEL No.

OCCUPATION INFORMATION

EMPLOYER NAME	_____		
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WORK ADDRESS	_____		
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POSITION/ OCCUPATION	SALARY \$ _____	
	MONTHLY <input type="checkbox"/>	FORTHNIGHTLY <input type="checkbox"/> WEEKLY <input type="checkbox"/>

PERIOD OF EMPLOYMENT	CONTRACT <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>
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DATE OF EMPLOYMENT	_____ / _____ / _____		
	DD	MM	YYYY

TELEPHONE	_____
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SELF EMPLOYED / PART TIME EMPLOYMENT

Self Employed Part-time Employed N/A

IF SELF-EMPLOYED OR PART TIME EMPLOYED, PLEASE COMPLETE:

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

BENEFICIARY INFORMATION

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

BENEFICIARY #1

Gender: Male Female Title: Mr. Ms. Mrs. Status: Single Married Divorced
 Separated Widow/Widower Common-Law

NAME:	SURNAME			FIRST			OTHER				
	RELATIONSHIP:						PERCENTAGE %:				
RESIDENTIAL ADDRESS:											
DATE OF BIRTH DD/MM/YYYY:					PLACE OF BIRTH:						
OCCUPATION:											
TELEPHONE CONTACT			Home			Work			Cell		

ID Type (2 forms)	Number	Country of Issue	Expiry Date (dd/mm/yyyy)
National ID			
Driver's Permit			
Passport			

BIR FILE NO. / TAX NO.	BIRTH CERTIFICcate PIN NO.	NIS NO.

BENEFICIARY #2

Gender: Male Female Title: Mr. Ms. Mrs. Status: Single Married Divorced
 Separated Widow/Widower Common-Law

NAME:	SURNAME			FIRST			OTHER				
	RELATIONSHIP:						PERCENTAGE %:				
RESIDENTIAL ADDRESS:											
DATE OF BIRTH DD/MM/YYYY:					PLACE OF BIRTH:						
OCCUPATION:											
TELEPHONE CONTACT			Home			Work			Cell		

ID Type (2 forms)	Number	Country of Issue	Expiry Date (dd/mm/yyyy)
National ID			
Driver's Permit			
Passport			

BIR FILE NO. / TAX NO.	BIRTH CERTIFICcate PIN NO.	NIS NO.

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 of 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.

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

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 the reason for resigning. Yes No

3. Were you expelled? If yes state reason:

4. Are you related to any Member | Officer of the credit union? Yes No

5. If yes, state name and relationship

HOW DID YOU FIND OUT ABOUT THE CREDIT UNION?

<input type="checkbox"/> School	<input type="checkbox"/> Another Member
<input type="checkbox"/> Relative	<input type="checkbox"/> Credit Union Staff
<input type="checkbox"/> Website	<input type="checkbox"/> Other _____

DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge and I shall immediately update SFCCU Credit Union if there is any change to such information. I authorize SFCCU 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 SFCCU 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..... DD/MM/YYYY

WITNESS: NAME:

ADDRESS:

OCCUPATION: DATE: DD/MM/YYYY

RECOMMENDER

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

Signature of Recommender _____ Account Number of Recommender _____

Relationship _____

FOR OFFICIAL USE ONLY

Signature of Collector: _____	Date DD/MM/YYYY: _____
Authorizing Supervisor: _____	Date DD/MM/YYYY: _____
Receipt No: _____	Amount Paid: - \$ _____
Breakdown: Entrance Fee: - \$ _____	Other: - \$ _____
Shares: - \$ _____	Deposits: - \$ _____
Account Number Assigned _____	
Date of approval/rejection of membership by Board of Directors: _____	
Signature of Secretary _____	Signature of Director _____
Date (DD/MM/YYYY) _____	Date (DD/MM/YYYY) _____
Credit Union Stamp	

Passbook collected by:

Signature of Member _____ Date (DD/MM/YYYY) _____

COMPLIANCE CONTROL

Referenced against UN2253 (UN1267 List)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Individual/ Entity Designated
Trinidad and Tobago Consolidated List of Court Orders (s. 22B(3) of ATA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(Targeted Financial Sanctions (TFS) Search Tool)			
OFAC List	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Economic Sanction Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
FATF's List of NCCTs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the Applicant a PEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES, WHICH CATEGORY:
Member Risk Profile	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>

COMPLIANCE OFFICER SIGNATURE: _____ DATE: _____ (DD/MM/YYYY)

DOCUMENTS CHECKLIST (PLEASE PROVIDE ORIGINAL DOCUMENTS)

<input type="checkbox"/> Two (2) forms of Valid identification (i.e. National identification Card, Drivers Permit, Passport) <input type="checkbox"/> 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) <input type="checkbox"/> Beneficiary's Valid Identification (i.e. National identification Card, Drivers Permit, Passport) <input type="checkbox"/> Proof of Employment – Job Letter (within 3 months) <input type="checkbox"/> Proof of income - Pay slip (within 1 month) <input type="checkbox"/> Self-Employed – Business Registration and other Statutory Documents Required <input type="checkbox"/> Unemployed Persons – Evidence to support how the account will be funded <input type="checkbox"/> 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)
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DOCUMENTS CHECKLIST FOR MINORS (PLEASE PROVIDE ORIGINAL DOCUMENTS)

PARENT / GUARDIAN	MINOR
<input type="checkbox"/> Two (2) forms of valid identification – Parent (National ID card, Driver's Permit, Passport) <input type="checkbox"/> Proof of address - Parent Utility Bill or Bank Statement (within 3 months) <input type="checkbox"/> Proof of Employment - Parent Job Letter (within 3 months) <input type="checkbox"/> Proof of Income – Parent Pay slip (within 1 month)	<input type="checkbox"/> One (1) form of valid identification – Minor (National ID card, Passport) <input type="checkbox"/> Birth Certificate