



SFCCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Email: sfccuc@yahoo.com

HEAD OFFICE: #16 IRVING STREET, SAN FERNANDO, TRINIDAD - TEL: 868-657-5669 / 652-7510

APPLICATION FOR MEMBERSHIP

FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

Member Picture

DATE

DATE grid with day, month, year labels

How did you find out about the Credit Union?

- SCHOOL, ANOTHER MEMBER, RELATIVE, CREDIT UNION STAFF, WEBSITE, OTHER

PERSONAL INFORMATION

Main personal information form including name, address, birth date, telephone, and identification details.

OCCUPATION INFORMATION

Occupation information form including school/office, employer, position, salary, and date of employment.

SELF EMPLOYED / PART TIME EMPLOYMENT

If Self-Employed or with side job please complete:

Self-employed details form including occupation, business name, address, telephone, VAT registration, and income details.

GENERAL INFORMATION

General information questions regarding membership reasons and previous status.

**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. <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  | FIRSTNAME   | OTHER   |   |                       |   |  |
| RELATIONSHIP                            | PERCENTAGE %   |   |   |   |                       |   |  |
| RESIDENTIAL ADDRESS                     |  |   |   |   |                       |   |  |
| DATE OF BIRTH                           | <table style="width:100%; border: none;"> <tr> <td style="border: none;">[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> <td style="border: none;">PLACE OF BIRTH<br/>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> </tr> <tr> <td style="border: none;"><i>day month year</i></td> <td style="border: none;">OCCUPATION<br/>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> </tr> </table> |   | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   | PLACE OF BIRTH<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | <i>day month year</i> | OCCUPATION<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |  |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | PLACE OF BIRTH<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |   |   |   |                       |   |  |
| <i>day month year</i>                   | OCCUPATION<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |   |   |   |                       |   |  |
| TELEPHONE ONTACT                        | Home<br>[ ]    | Work<br>[ ]   | Cell<br>[ ]   |   |                       |   |  |
| IDENTIFICATION                          | ID [ ]<br>COUNTRY OF ISSUANCE _____<br>DP [ ]<br>COUNTRY OF ISSUANCE _____<br>PP [ ]<br>COUNTRY OF ISSUANCE _____        | EXPIRY DATE<br>[ ] [ ]<br>[ ] [ ]<br>[ ] [ ]<br>DD MM YYYY<br>PEP: <input type="checkbox"/> YES <input type="checkbox"/> NO | BIR FILE NO. / TAX NO.<br>[ ] [ ]<br>BIRTH CERTIFICFATE PIN.<br>[ ] [ ]<br>NIS NO.<br>[ ] |   |                       |   |  |

**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  | FIRSTNAME   | OTHER   |   |                       |   |  |
| RELATIONSHIP                            | PERCENTAGE %   |   |   |   |                       |   |  |
| RESIDENTIAL DDRESS                      |  |   |   |   |                       |   |  |
| DATE OF BIRTH                           | <table style="width:100%; border: none;"> <tr> <td style="border: none;">[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> <td style="border: none;">PLACE OF BIRTH<br/>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> </tr> <tr> <td style="border: none;"><i>day month year</i></td> <td style="border: none;">OCCUPATION<br/>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> </tr> </table> |   | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   | PLACE OF BIRTH<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | <i>day month year</i> | OCCUPATION<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |  |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | PLACE OF BIRTH<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |   |   |   |                       |   |  |
| <i>day month year</i>                   | OCCUPATION<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |   |   |   |                       |   |  |
| TELEPHONE CONTACT                       | Home<br>[ ]    | Work<br>[ ]   | Cell<br>[ ]   |   |                       |   |  |
| IDENTIFICATION                          | ID [ ]<br>COUNTRY OF ISSUANCE _____<br>DP [ ]<br>COUNTRY OF ISSUANCE _____<br>PP [ ]<br>COUNTRY OF ISSUANCE _____        | EXPIRY DATE<br>[ ] [ ]<br>[ ] [ ]<br>[ ] [ ]<br>DD MM YYYY<br>PEP: <input type="checkbox"/> YES <input type="checkbox"/> NO | BIR FILE NO. / TAX NO.<br>[ ] [ ]<br>BIRTH CERTIFICFATE PIN.<br>[ ] [ ]<br>NIS NO.<br>[ ] |   |                       |   |  |

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 mended 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.

**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 <b>any of the above</b> .         | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>If you have answered <u>YES</u> to any of the above please provide details</b>   |  |

**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 in 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.....

WITNESS: NAME: .....

ADDRESS: .....

OCCUPATION: ..... DATE: .....

**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-YY**

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

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

Breakdown: - Entrance Fee: - \$..... Other : - \$ .....

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

Account Number Assigned: .....

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

**DD-MM-YY**

.....  
Signature of Secretary ..... Credit Union Stamp .....  
.....  
Date **DD-MM-YY** ..... Date **DD-MM-YY** .....

**COMPLIANCE CONTROL**

|  | Yes                           | No                              | Individual/ Entity Designated |
|--|-------------------------------|---------------------------------|-------------------------------|
| Referenced against UN2253 (UN1267 List)                                  | <input type="checkbox"/>      | <input type="checkbox"/>        | .....                         |
| Trinidad and Tobago Consolidated List of Court Orders (s. 22B(3) of ATA) | <input type="checkbox"/>      | <input type="checkbox"/>        | .....                         |
| OFAC List  | <input type="checkbox"/>      | <input type="checkbox"/>        | .....                         |
| Economic Sanction Order  | <input type="checkbox"/>      | <input type="checkbox"/>        | .....                         |
| FATF's List of NCCTs   | <input type="checkbox"/>      | <input type="checkbox"/>        | .....                         |
| Is Applicant a PEP?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     | IF YES, WHICH CATEGORY _____  |
| Member Risk Profile  | <input type="checkbox"/> High | <input type="checkbox"/> Medium | <input type="checkbox"/> Low  |
| <b>COMPLIANCE OFFICER SIGNATURE:</b> _____                               |                               | <b>DATE:</b> _____              |                               |

**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 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)