



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



**HEAD OFFICE:** 16 Irving Street, San Fernando, Trinidad, W.I. • Tel: 657-5669, 652-7510 • Fax: 653-0305  
**BRANCH OFFICES:** - Shop No. 7, Montano Plaza, High Street, San Fernando • Tel: 653-7745, 657-8571 • Fax: 653-7274  
 - No. 26 Adventure Road, Point Fortin • Tel: 648-3504 • Fax: 648-3764  
 - No. 2 Daisy Voisin Street, Sipaira • Tel: 649-3300 • Fax: 649-9530

## MEMBERSHIP APPLICATION FORM

PASSPORT  
SIZE  
PHOTO

FOR OFFICIAL USE ONLY								D	D	M	M	Y	Y	Y	Y
Date:															
Passbook Collected on:															
Passbook Collected by:															
Account No.															
Branch:								<b>H.O.</b>	<b>M.P.</b>	<b>P.F.</b>	<b>SIP.</b>				

**1. PERSONAL INFORMATION** *(Block Letters)*

NAME	Surname:	Mr. <input type="checkbox"/>
	First Name:	Miss <input type="checkbox"/>
	Middle Name:	Mrs. <input type="checkbox"/>
RESIDENCY STATUS	Trinidad & Tobago <input type="checkbox"/> Other _____	
RESIDENTIAL ADDRESS	_____	
POSTAL ADDRESS <small>(If different from above) [Foreign residents must provide a LOCAL postal address]</small>	_____	
DATE & PLACE OF BIRTH	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place _____	
IDENTIFICATION <small>(2 forms of ID required)</small>	ID: _____ Expiry Date: ___/___/_____ DP: _____ Expiry Date: ___/___/_____ PP: _____ Expiry Date: ___/___/_____	
MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Other <input type="checkbox"/>	
CONTACT INFORMATION	Home: _____ Office: _____ Cell _____ E-mail: _____ Facebook: _____	

**2. APPLICANTS UNDER THE AGE OF 18**

PARENT/GUARDIAN	Name: _____	Tel. No. _____
SCHOOL ATTENDED BY CHILD	_____	

**3. EMPLOYMENT INFORMATION**

EMPLOYMENT STATUS	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/>
	If EMPLOYED, state Company Name, Address, and Tel. No.
	Name: _____ Tel. No.: _____ Address: _____
	Occupation _____ If SELF-EMPLOYED, State Nature of Business
	Range of Income: Below TT\$5,001 per month <input type="checkbox"/> TT\$5,001 - 15,000 per month <input type="checkbox"/> Over TT\$15,000 per month <input type="checkbox"/>

**4. GENERAL INFORMATION**

HOW DID YOU FIND OUT ABOUT SFCCU?	Friend <input type="checkbox"/> Relative <input type="checkbox"/> Office <input type="checkbox"/> Other _____
ARE YOU A MEMBER OF ANY OTHER CREDIT UNION?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please specify: _____
SPECIAL SKILLS	I am available to serve my Credit Union: Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' list expertise/skills that you can provide:- (a) _____ (c) _____ (b) _____ (d) _____

**5. RECOMMENDATION**

RECOMMENDED BY: (Recommender must be a member in good standing)	Name: _____	Account No.: _____
	Address: _____	
	Signature: _____	

**6. BENEFICIARY INFORMATION**

BENEFICIARY NAME(S)	(1) Name: _____
	Address: _____
	Beneficiary's ID/PP/DP: _____
	Beneficiary's Date of Birth: __/__/____ Tel. No. _____
	(2) Name: _____
	Address: _____
	Beneficiary's ID/PP/DP: _____
	Beneficiary's Date of Birth: __/__/____ Tel. No. _____

**7. COMPLIANCE**

ACQUISCENCE/ SUBMISSION	Has any financial institution(s) ever refused you membership or the opening of an account? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you deal in high value items, i.e., precious metals and stones? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you agree to submit a Source of Funds Declaration, if required? Yes <input type="checkbox"/> No <input type="checkbox"/>
A 'POLITICALLY EXPOSED PERSON' IS A PERSON WHO IS OR WAS ENTRUSTED WITH IMPORTANT PUBLIC FUNCTIONS.	Kindly indicate if you OR an immediate family member OR a close personal/professional associate of yours, hold any of the following positions:- <input type="checkbox"/> Head of State or Government <input type="checkbox"/> Senior Politician <input type="checkbox"/> Senior Government, Judicial or Military Official <input type="checkbox"/> Senior Executive of State-Owned Corporations <input type="checkbox"/> Important Political Party Official <input type="checkbox"/> Senior Executive of a Foreign Government-Owned Commercial Enterprise

**8. DECLARATION**

(Write Name in Block Letters)

I, \_\_\_\_\_, hereby apply for membership in the above named Society. I hereby agree to abide by the Bye-Laws in force, or any of which may come into force thereafter. I am willing to attend an Orientation Session before my initial acceptance into the Society and pledge to offer my skills towards the future and success of SFCCU Credit Union Co-operative Society Limited. I hereby certify that all information given is true and correct.

APPLICANT	Signature: _____ Date: _____
WITNESSES	Signature: _____ Date: _____
	Signature: _____ Date: _____

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NON-REFUNDABLE	Entrance Fee: \$ _____
	New Member: \$ _____
	TOTAL \$ _____

FOR OFFICIAL USE ONLY							
	D	D	M	M	Y	Y	Y
Attended Orientation Meeting On:							
Approved by Board of Directors On:							
Approved By:							
Folio No.:	Receipt No.:						

COMPLIANCE SECTION	
Reviewed by Compliance Officer on:	
Checked Against UN1267 List:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Checked Against TTCLCO	Yes <input type="checkbox"/> No <input type="checkbox"/>
Checked Against PEP Database:	Yes <input type="checkbox"/> No <input type="checkbox"/>
SOFD	Yes <input type="checkbox"/> No <input type="checkbox"/>
Compliance Officer's Signature:	

(Name) \_\_\_\_\_ (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

RECEIVING OFFICER: \_\_\_\_\_

**The following documents must be provided upon submission of application:-**

- ✓ Job letter/Pension /Other Income
- ✓ One (1) recent passport size photograph.
- ✓ Two (2) recent utility bill.
- ✓ Any two (2) valid forms of identification:-  
 ID  DP  PP   
 Birth Certificate