



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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PLACE OF BIRTH	<input type="text"/>
	day month year	OCCUPATION	<input type="text"/>
TELEPHONE CONTACT	Home	Work	Cell
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
IDENTIFICATION	ID	EXPIRY DATE	BIR FILE NO. / TAX NO.
	COUNTRY OF ISSUANCE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	DP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	BIRTH CERTIFICATE PIN.
	COUNTRY OF ISSUANCE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	PP	DD MM YYYY	NIS NO.
	COUNTRY OF ISSUANCE	PEP: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>

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 ADDRESS			
DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PLACE OF BIRTH	<input type="text"/>
	day month year	OCCUPATION	<input type="text"/>
TELEPHONE CONTACT	Home	Work	Cell
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
IDENTIFICATION	ID	EXPIRY DATE	BIR FILE NO. / TAX NO.
	COUNTRY OF ISSUANCE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	DP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	BIRTH CERTIFICATE PIN.
	COUNTRY OF ISSUANCE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	PP	DD MM YYYY	NIS NO.
	COUNTRY OF ISSUANCE	PEP: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>

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.

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 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, _____, 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"/>	<input type="checkbox"/>	IF YES, WHICH CATEGORY _____
Member Risk Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLIANCE OFFICER SIGNATURE: _____ DATE: _____

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)

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

► **For use by individuals. Entities must use Form W-8BEN-E.**
► **Go to www.irs.gov/FormW8BEN for instructions and the latest information.**
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)			
6a Foreign tax identifying number (see instructions)		6b Check if FTIN not legally required <input type="checkbox"/>	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here I certify that I have the capacity to sign for the person identified on line 1 of this form.

_____	_____
Signature of beneficial owner (or individual authorized to sign for beneficial owner)	Date (MM-DD-YYYY)

Print name of signer	

Date:- _____

SFCCU CREDIT UNION
16 IRVING STREET,
SAN FERNANDO

Subject: Proof of Applicant Identification

TO WHOM IT MAY CONCERN;

This letter serves to certify that I _____ bearer of ID/DP/PP number _____ (see copy attached) have known _____ who is seeking membership at your organisation for the past _____ years.

To the best of my knowledge and information he/she **is in fact who** he/she states to be which is represented on the form if identification provided to your office.

I do sign this letter confirming and understanding that making any false or fraudulent representation is a criminal offence and do certify that the information provided by myself is true and correct to the best of my knowledge.

Please feel free to contact me, should you require any additional information.

Sincerely,

(Signature)

.....

Contact Information: _____

Date

SFCCU Credit Union
#16 Irving Street,
San Fernando

I of address-
.....

hereby authorize Mr/Ms.

the use of my utility bill as he/she resides at the above address.

All courtesies extended would be greatly appreciated.

Sincerely,

.....

ID Card #.....

Contact #