



PALO SECO CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

MEMBERSHIP APPLICATION FORM

ADULT: MINOR PEP Risk Category / Rating: HIGH MEDIUM LOW

SECTION A. IDENTIFICATION INFORMATION: (Please type in Block letters)

Title: Mr. Mrs. Ms. Marital Status: Single Married Divorced Widowed Separated Common Law

First Name: _____ Middle Name: _____

Surname: _____ Gender: Male Female

Date of Birth: ____ / ____ / ____ Place of Birth: _____ Age: _____ PIN # _____
YYYY MM DD

Nationality: _____ Other (please specify): _____

Home Address: _____

Mailing Address: (if different from above) _____

Telephone Numbers: Home () _____ Mobile: () _____

Email : _____

SECTION B. VERIFICATION OF IDENTITY AND ADDRESS: (Original documents must be submitted)

Address Verification: Utility Bill (Electricity/Water/Telephone/Cable Current Bank Statement

Type of ID (2 forms of ID)	Number	Country of Issue	Expiry Date (YYYY/MM/DD)
National ID			
Driver's Permit			
Passport			

SECTION C. EMPLOYMENT DETAILS: Job letter and Payslip (Not older than 1 month) must be submitted

Classification: Private Sector Public Sector Self-Employed Retired Unemployed Homemaker

Employer Name:	If Self Employed or with side business please complete
	Name of Business:
Employer Address:	Type of Business:
Occupation:	Business Address:
Employer Phone No. ()	
Status: Permanent <input type="checkbox"/> Temp <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/>	Occupation:
How long Employed:	How long Employed:
Pay Frequency: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>	Business Registration Date: _____
	Business Registration No.: _____

Gross monthly Income: \$1,000 - \$5,000 \$5,000 - \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000 >\$20,000

SECTION D. FOR MINORS ONLY (Parent / Guardian) - (Under 18 years of age)

Student: Yes No (If Yes) Name of School: _____

Name of Parent / Legal Guardian (BLOCK LETTERS) _____ Identification No. (ID/DP/PP) _____

Signature of Parent / Legal Guardian _____ Legal Document No. (For Legal guardian only) _____

SECTION E. POLITICALLY EXPOSED PERSONS (PEPs)

Domestic and Foreign Politically Exposed Persons (PEPs): Regulations 20 (1) (a) to (f) (2) to (5) of the Financial Obligation Regulations 2010
Are you or have you been:

- A current or former senior official in the executive, legislative, administrative or judicial branch of a local or foreign government? Yes No
- A senior official of a major political party? Yes No
- A senior executive of a local and foreign government-owned commercial enterprise? Yes No
- A senior military official? Yes No
- An immediate family member of a person mentioned in paragraphs (a) to (d) above, (spouse, parent, sibling, child or the parent, sibling or additional children of the person's spouse)? Yes No
- A close associate (socially or professionally) of a person mentioned in paragraph (a) to (d)? Yes No
(If Yes, please provide details): _____

If any of the above from (a) to (d), please state period of service: _____

SECTION F - APPLICABLE TO NON-RESIDENTS ONLY (Please attach certified copies of documents / references as required)

a. Are you a citizen of any other country other than Trinidad and Tobago? Yes No (If yes, provide relevant passport)
 b. Are you a USA Citizen, Resident or Green Card Holder? Yes No (If yes, provide document showing Immigration Status)
 SSN _____ US ID No. _____ US Tax Identification No. (TIN) _____
 Name and Address of Foreign Financial Institution: _____
 Telephone No. of Foreign Financial Institution: () _____
 Applicant must provide a Power of Attorney, for a person domiciled in Trinidad and Tobago, to transact business on their behalf.

SECTION G : APPOINTMENT OF NOMINEE / BENEFICIARY

In the event of death I, _____ hereby nominate the following person(s) to receive any monies accruing to me in the Society:

1. Name: _____ Rel. to Member: _____ DOB: ____/____/____
YYYY MM DD
 Address: _____
 ID/DP/PP#: _____ Phone # _____ Cell #: _____ Percent _____

2. Name: _____ Rel. to Member: _____ DOB: ____/____/____
YYYY MM DD
 Address: _____
 ID/DP/PP#: _____ Phone # _____ Cell #: _____ Percent _____

**** If a member wants to nominate more than two (2) beneficiaries, continue on the members' data update form.**

SECTION H : MEMBER'S DECLARATION

Palo Seco Credit Union Co-operative Society Limited is required to comply with Anti-Money Laundering and Combating Terrorist Financing Legislations (Proceeds of Crime Act, Anti Terrorism Act, Financial Obligations Regulations, Financial Intelligence Unit Act and Regulations).

I, _____, hereby submit this application for membership at the **Palo Seco Credit Union Co-operative Society Limited** and declare/confirm that the information given in this Membership Application is true and correct. I agree to adhere to the Bye-laws and rules governing the operations of Palo Seco Credit Union, to use the services of the Credit Union for valid purposes only and to refrain from using the services of the Credit Union for the purpose of Money Laundering and (or) Terrorist Financing and promise to inform Palo Seco Credit Union of any changes therein immediately.

*I enclose herewith the sum of \$ _____
 Shares \$ _____
 Deposit \$ _____
 Nom. Fee \$ _____
 Ent. Fee \$ _____
 Rule Book \$ _____
TOTAL: \$ _____

* Payments to be made through:
 Credit Union office
 Wages/Salary Deduction
 Standing Order
 Receipt No. _____

RECOMMENDED BY: _____
(Name in Block Letters) (Signature) Account No.

Name of Applicant (Please Print Name) Signature of Applicant YYYY MM DD

Credit Union Representative Signature YYYY MM DD

FOR OFFICIAL USE ONLY

The following list checked :

- **ISIL (Da'esh) & Al-Qaida Sanction List UN2253 (formerly UN1267)** Yes No
- **FATF Recommendations for NCCT's** Yes No
- **Trinidad and Tobago Consolidated List of Court Orders** Yes No
- **UN 2231 List (Economic Sanctions Order Iran)** Yes No
- **UN 1718 List (Economic Sanctions Order DPRK)** Yes No
- **The Office of Foreign Asset Control (OFAC) List** Yes No

Compliance Officer Name Compliance Officer Signature YYYY MM DD

Approved at Board of Directors' meeting. Account No. Assigned: _____

Secretary _____ Date: ____/____/____
YYYY MM DD

President _____ Date: ____/____/____
YYYY MM DD