PSCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Head Office: #24 Sackville Street, Port of Spain, Trinidad. Tel- 868-623-8118
Website: www.pscutt.com

Member Picture

APPLICATION FOR MEMBERSHIP

FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

DATE ____ ____ ____
day *month* *year*

How did you find out about the Credit Union?
☐ SCHOOL ☐ ANOTHER MEMBER
☐ RELATIVE ☐ CREDIT UNION STAFF
☐ WEBSITE ☐ OTHER _____

PERSONAL INFORMATION

NAME	Mr. ☐ Mrs. ☐ Ms.☐ GENDER: ☐ M ☐ F SURNAME FIRST OTHER
RESIDENTIAL ADDRESS	
VERIFICATION	☐ Utility Bill ☐ Bank Statement ☐ Other – Must be in Member's name and within 3 months
POSTAL/MAILING ADDRESS (If different from above)	
DATE OF BIRTH	____ ____ ____ *day* *month* *year* NATIONAL ☐ NON-NATIONAL ☐ PLACE OF BIRTH COUNTRY OF RESIDENCE NATIONALITY
TELEPHONE CONTACT	Home | Work | Cell / Mobile
E-MAIL ADDRESS	FAX No.
MARITAL STATUS	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Common Law ☐ Other
NEXT OF KIN	NAME_____ RELATIONSHIP_____ TEL. NO_____
IDENTIFICATION	ID COUNTRY OF ISSUANCE DP COUNTRY OF ISSUANCE PP COUNTRY OF ISSUANCE EXPIRY DD MM YYYY BIR FILE NO. / TAX NO. BIRTH CERTICIFCATE PIN. NIS NO.

OCCUPATION INFORMATION

EMPLOYER NAME		
WORK ADDRESS		
POSITION/ POST		SALARY $_____ MONTHLY ☐ FORTHNIGHTLY ☐ WEEKLY ☐
PREVIOUS POST		CONTRACT ☐ FULL- TIME ☐
DATE OF EMPLOYMENT	____/____/_____ DD-MM-YYYY	TELEPHONE -

SELF EMPLOYED / PART TIME EMPLOYMENT

If Self-Employed or with side job please complete:
Occupation:
Name of Business:
Business Address:
Business Telephone Number: ( ) -
VAT Registration Number (if applicable):
Certificate of Incorporation (if applicable): Copy Attached: Yes ☐ No ☐
Gross Annual Income Details: < $50,000 ☐ $50,000 - $100,000 ☐ $100,000 - $200,000 ☐ $200,000 - $400,000 ☐ >$400,000 ☐

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 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 give name and relationship

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. ☐ Mrs. ☐ Ms. ☐ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Other SURNAME FIRSTNAME OTHER		
RELATIONSHIP	PERCENTAGE %		
RESIDENTIAL ADDRESS			
DATE OF BIRTH	*day month year* PLACE OF BIRTH OCCUPATION		
TELEPHONE ONTACT	Home	Work	Cell
IDENTIFICATION	ID COUNTRY OF ISSUANCE DP COUNTRY OF ISSUANCE PP COUNTRY OF ISSUANCE	EXPIRY DATE DD MM YYYY **PEP:** ☐ YES ☐ NO	BIR FILE NO. / TAX NO. BIRTH CERTICIFCATE PIN. NIS NO.

BENEFICIARY #2

NAME	Mr. ☐ Mrs. ☐ Ms. ☐ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Other SURNAME FIRSTNAME OTHER		
RELATIONSHIP	PERCENTAGE %		
RESIDENTIAL DDRESS			
DATE OF BIRTH	*day month year* PLACE OF BIRTH OCCUPATION		
TELEPHONE CONTACT	Home	Work	Cell
IDENTIFICATION	ID COUNTRY OF ISSUANCE DP COUNTRY OF ISSUANCE PP COUNTRY OF ISSUANCE	EXPIRY DATE DD MM YYYY **PEP:** ☐ YES ☐ NO	BIR FILE NO. / TAX NO. BIRTH CERTICIFCATE PIN. 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 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 ☐ NO ☐
Senior Politicians	YES ☐ NO ☐
Senior Government Official	YES ☐ NO ☐
Senior Judicial Official	YES ☐ NO ☐
Senior Military Officials	YES ☐ NO ☐
Senior Executives of State-owned Corporations	YES ☐ NO ☐
Important Political Party Officials	YES ☐ NO ☐
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 ☐ NO ☐
Immediate Family Member of individuals described above [Spouse, Parents, Siblings, Children & children of the Spouse of that person]	YES ☐ NO ☐
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 ☐ NO ☐
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 PSCU Credit Union if there is any change in such information. I authorize PSCU 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 PSCU 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 PSCU 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: - Shares: - $…… Deposit - $ …… ……

Admin Fee : - $…… FIP : - $……

Account Number Assigned: ……

Date of approval/rejection of membership by Board of Directors: - …… **DD-MM-YY**

…… ……

Signature of Secretary Signature of Director Credit Union Stamp

…… ……

Date **DD-MM-YY** Date **DD-MM-YY**

COMPLIANCE CONTROL

		Individual/ Entity Designated
Referenced against UN2253 (UN1267 List)	**Yes☐ No☐**	----------
Trinidad and Tobago Consolidated List of Court Orders (s. 22B(3) of ATA)	**Yes☐ No☐**	----------
OFAC List	**Yes☐ No☐**	----------
Economic Sanction Order	**Yes☐ No☐**	----------
FATF's List of NCCTs	**Yes☐ No☐**	----------

Is Applicant a PEP? Yes☐ No☐ IF YES, WHICH CATEGORY _____

Member Risk Profile High☐ Medium☐ Low☐

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)