



# MINOR/YOUTH MEMBERSHIP APPLICATION FORM

**PSCU Credit Union Co-operative Society Limited**  
Head Office: #24 Sackville Street, Port of Spain, Trinidad  
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MINOR/YOUTH  
MEMBER  
PHOTO

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

## A. PERSONAL INFORMATION - MINOR / YOUTH

Gender: Male  Female  Other  Title: Mr.  Ms.  Mrs.  Other

NAME		SURNAME		FIRST		OTHER	
Date of Birth (DD/MM/YYYY):				Place of Birth:			
Nationality:				Other (dual) (please specify):			
Country of Residence:							
Permanent Address:							
Address Area (e.g. Port-of-Spain, Arima, Princes Town etc.):							
Mailing Address:							
Telephone (M):				Telephone (H):			
Email Address:							
ID Type (2 forms)		Number		Country of Issue		Expiry Date (DD/MM/YYYY)	
National ID							
Passport							
Birth Certificate (PIN No.)				Copy Provided: YES <input type="checkbox"/> NO <input type="checkbox"/>			
NAME OF SCHOOL:							
RELATIONSHIP TO PARENT/GUARDIAN:							
PARENTS:		FULL NAME			MOBILE PHONE NUMBER		
> MOTHER:							
> FATHER:							

## B. PERSONAL INFORMATION – PARENT/GUARDIAN REPRESENTATIVE

Gender: Male  Female  Other  Title: Mr.  Ms.  Mrs.  Other  Status: Single  Married  Divorced   
Separated  Widow/Widower  Common-Law

NAME		SURNAME		FIRST		OTHER	
Date of Birth (DD/MM/YYYY):				Place of Birth:			
Nationality:				Other (dual) (please specify):			
Country of Residence:							
Permanent Address:							
Address Area (e.g. Port-of-Spain, Arima, Princess Town etc.):						Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	
Mailing Address:							
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>				State Type: _____			
VERIFICATION		<input type="checkbox"/> Utility Bill		<input type="checkbox"/> Bank Statement		<input type="checkbox"/> Other – Must be in Member's name and within 3 months	
Telephone (M):			Telephone (H):			Telephone (W):	

<b>Email Address:</b>		<b>Bank Name:</b>	<b>Bank Acc No.:</b>
<b>ID Type (2 forms)</b>	<b>Number</b>	<b>Country of Issue</b>	<b>Expiry Date (DD/MM/YYYY)</b>
National ID			
Driver's Permit			
Passport			
<b>BIR FILE NO. / TAX NO.</b>		<b>BIRTH CERTIFICATE PIN NO.</b>	<b>NIS NO.</b>
<b>FOREIGN ACCOUNT TAX COMPLIANCE ACT</b>			
<b>Are you a National of Trinidad &amp; Tobago?</b>		<b>Do you have Dual Citizenship</b>	<b>Are you a US Resident</b>
No <input type="checkbox"/>		No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>		Yes <input type="checkbox"/> (Specify):	Yes <input type="checkbox"/> (State IRS tax number):
<b>ARE YOU A MEMBER OF PSCU CREDIT UNION?</b>		<b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> (State Membership No.):	
<b>RELATIONSHIP TO MINOR/YOUTH - DOCUMENT</b>	<input type="checkbox"/> MARRIAGE CERTIFICATE	<input type="checkbox"/> BIRTH PAPER (CHILD)	<input type="checkbox"/> PARENT AUTHORISATION
			<input type="checkbox"/> COURT ORDER
			<input type="checkbox"/> ADOPTION DOCUMENTS

### C. OCCUPATION INFORMATION – PARENT/GUARDIAN REPRESENTATIVE

Permanent    Temporary    Casual    Contract    Retired    Unemployed

<b>EMPLOYER NAME</b>			
<b>WORK ADDRESS</b>			
<b>POSITION/OCCUPATION</b>			<b>SALARY \$</b> _____
<b>PERIOD OF EMPLOYMENT</b>			MONTHLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> WEEKLY <input type="checkbox"/>
<b>DATE OF EMPLOYMENT</b>	____ / ____ / ____	TELEPHONE _____	
	<i>DD</i>	<i>MM</i>	<i>YYYY</i>
<b>GROSS ANNUAL INCOME DETAILS:</b>	< \$50,000 <input type="checkbox"/>	\$50,000 - \$100,000 <input type="checkbox"/>	\$100,000 - \$200,000 <input type="checkbox"/> \$200,000 - \$400,000 <input type="checkbox"/> >\$400,000 <input type="checkbox"/>

### D. SELF EMPLOYED

Self Employed    N/A

<b>OCCUPATION:</b>			
<b>NAME OF BUSINESS:</b>			
<b>BUSINESS ADDRESS:</b>			
<b>BUSINESS TELEPHONE NUMBER:</b>			
<b>VAT REGISTRATION NUMBER (IF APPLICABLE):</b>			
<b>CERTIFICATE OF INCORPORATION No. (IF APPLICABLE):</b>			Copy Provided: YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>GROSS ANNUAL INCOME DETAILS:</b>	< \$50,000 <input type="checkbox"/>	\$50,000 - \$100,000 <input type="checkbox"/>	\$100,000 - \$200,000 <input type="checkbox"/> \$200,000 - \$400,000 <input type="checkbox"/> >\$400,000 <input type="checkbox"/>

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.

## E. DECLARATION BY PARENT/GUARDIAN REPRESENTATIVE

I hereby declare that I \_\_\_\_\_ am legally authorized to open this account on behalf of the named child and I shall immediately update PSCU Credit Union if there is any change in such status. 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. As a trustee to the child, I agree to abide by the laws of Trinidad and Tobago.

SIGNATURE OF APPLICANT ..... DATE..... DD/MM/YYYY

WITNESS: NAME: .....

ADDRESS: .....

OCCUPATION: ..... DATE: ..... DD/MM/YYYY

## F. AUTHORIZATION FOR COLLECTION OF CREDIT UNION PAYMENTS

I hereby authorize PSCU Credit Union to deduct from my wages weekly/fortnightly/monthly the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) towards this account to be distributed as

follows: Shares: \_\_\_\_\_ Deposit: \_\_\_\_\_

SIGNATURE OF APPLICANT ..... DATE..... DD/MM/YYYY

## G. BOARD APPROVAL – FOR OFFICIAL USE ONLY

President Signature: _____	Date DD/MM/YYYY: _____
Secretary Signature: _____	Date DD/MM/YYYY: _____
Authorized Officer Signature: _____	Date DD/MM/YYYY: _____
Date of Approval/Rejection by BOD: _____	CREDIT UNION STAMP
Acc No. Assigned: _____	

## H. COMPLIANCE CONTROL

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Individual/ Entity Designated
Referenced against UN2253 (UN1267 List)			_____
Trinidad and Tobago Consolidated List of Court Orders			_____
Targeted Financial Sanctions (TFS) Search Tool			_____
OFAC List			_____
Economic Sanction Order			_____
FATF's List of NCCTs			_____

Is the Applicant a PEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES, WHICH CATEGORY:
Member Risk Profile	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>

COMPLIANCE OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (DD/MM/YYYY)

## I. DOCUMENTS CHECKLIST (PLEASE PROVIDE ORIGINAL DOCUMENTS)

- YOUTH/MINOR - Birth Certificate and Picture Identification e.g. Passport size photo
- YOUTH/MINOR - Valid Identification (i.e. National identification Card, Passport, Birth Certificate) if applicable
- PARENT/GUARDIAN - 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)
- Proof of Employment – Job Letter of Parent/Guardian (within 3 months)
- Proof of income - Pay slip and/or other source of legitimate income of Parent/Guardian (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 non-residents only: A reference letter is required as confirmation/ evidence of prospective member's relationship with their foreign bank (legal requirement)