



TRINIDAD AND TOBAGO POLICE CREDIT UNION CO-OPERATIVE SOCIETY LTD.

BRANCH OFFICE

MEMBERSHIP APPLICATION FORM

Part A

Name of Applicant _____

(Block Letters)

Address _____

Certified by attached Utility Bill: Yes No

Date of Birth: _____ Cert. No. _____ ID/DP/PP #1) _____
(Copies of Birth Certificate and identification attached) 2) _____

Email Address: _____ Expiry Date of ID Documents: _____

Male Female Married Single Other

Phone: Work _____ Home _____ Cell Phone(s) _____

Name of Employer: _____
(Payslip and Letter from Employer attached)

Payroll Office Address: _____

Occupation/Profession _____ BIR # _____

How Employed: Permanent Temporary Casual

How Paid: Monthly Fortnightly Weekly

STUDENTS: School Attending: _____

Address: _____

Are you a bonafide member of any other Credit Union(s)? Yes No

If yes, please name the Credit Union (s) _____

I hereby apply for membership of the Trinidad & Tobago Police Service Credit Union and agree to abide by the existing bye-laws of the society and the laws of Trinidad and Tobago.

I am aware that I am not a bona fide member of the credit union until this application is approved by the Board and I am so advised in writing. The information supplied on this form is correct.

Signature of Applicant: _____ Date: _____

Recommended by: _____ Acc. No: _____
N.B Recommender must be a member of good standing

Signature of Recommender: _____

Address of Recommender: _____

Share Savings	
Deposit Account	
LINCUCard Visa Card	
Group Health	
Group Life	
CUNA	
Entrance Fee (Applies to first payment only)	
Total	

SECRETARY

PRESIDENT

DATE APPROVED

The Board of Director reserves the right to request additional information upon consideration of this application



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Part B:

NOMINATION CERTIFICATE

In the event of death, I _____, Account No: _____,

hereby nominate _____

of _____

to receive a sum not exceeding \$5,000.00 in accordance with section 13(iv) of Bye-laws of the society.

Signature of Applicant: _____

Date: _____

Name of Witness (Block Letters)

Signature of Witness

Address of Witness

Name of Witness (Block Letters)

Signature of Witness

Address Of Witness

Part C:

Questionnaire to be completed in accordance with the Laws of Trinidad and Tobago relative to 'Know Your Customers'

Please complete by ticking the boxes below that are applicable to you:

1. T & T National Yes No

2. U.S. Resident Yes No

3. Other (Please State) _____

If Yes to #2 state your IRS Tax Number _____

Please state if you are any of the following:

Director on a State Board Yes No

Minister of Government Yes No

Diplomat Yes No

A member of the Judiciary Yes No

A Senior Official employed at a Public Authority Yes No

Occupy a senior role/position with the Military Service Yes No

The Board of Director reserves the right to request additional information upon consideration of this application