



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

Branch: \_\_\_\_\_

HEAD OFFICE 61 Tenth Street, Barataria Tel: 612-4PCU (4728) | Fax: 868-674-0160 [www.policecreditunion.com](http://www.policecreditunion.com)

## **MEMBERSHIP APPLICATION FORM**

### **PART A: PERSONAL INFORMATION**

ACC. NO.: \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
FIRST NAME (Block Letters) SURNAME

Current Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different from above)

Email Address: \_\_\_\_\_

**CURRENT ADDRESS certified by attached Utility Bill:** Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_  
dd mm yyyy (Attach copies of 2 valid forms of ID)

ID/DP/PP #1) \_\_\_\_\_ ID#2 \_\_\_\_\_

Phone: Cell Phone (s): \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:**  Single  Married  Other

### **EMPLOYMENT INFORMATION**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
(PLEASE ATTACH PAYSIP AND JOB LETTER FROM EMPLOYER)

Occupation/Profession: \_\_\_\_\_

**Employment Status:**  Permanent  Self Employed  Contract  Retired  Casual  Temporary

**Salary Payment:**  Monthly  Fortnightly  Weekly  Daily

**STUDENTS:** School Attending: \_\_\_\_\_

Address: \_\_\_\_\_

### **PART B: NOMINATION CERTIFICATE**

In the event of death, I \_\_\_\_\_, Account No: \_\_\_\_\_,  
MEMBER'S NAME

hereby nominate \_\_\_\_\_  
NOMINEE'S NAME

of \_\_\_\_\_

to receive a sum not exceeding \$50,000.00 in accordance with the Co-operative Societies Act Chapter 81:03 Section 41(3).

\_\_\_\_\_  
Name of Witness (Block Letters)

\_\_\_\_\_  
Signature of Witness

Address of Witness

### **PART C: ALL QUESTIONS ARE TO BE ANSWERED**

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  Do you have dual citizenship Yes  No

2. U.S. Resident Yes  No

If Yes to No. 2 state your IRS Tax Number \_\_\_\_\_

3. Other (Please State) \_\_\_\_\_

The Board of Directors reserve the right to request additional information upon consideration of this application

**Please state if you or any of your family members hold the post of:**

- 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 within the Military Service Yes  No

**If you answered Yes to any of the above please list:**

Name: \_\_\_\_\_ Post Occupied: \_\_\_\_\_ Organization: \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_, in my application for membership into the Trinidad and Tobago Police Credit Union, hereby declare that the account is to be used for \_\_\_\_\_. All monies credited to my Credit Union account are derived from \_\_\_\_\_.

I hereby apply for membership of the Trinidad & Tobago Police Credit Union and agree to abide by the existing by-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. I acknowledge that the information supplied on this form is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended by: \_\_\_\_\_ Acc. No. : \_\_\_\_\_  
N.B Recommender must be a member in good standing

Signature of Recommender: \_\_\_\_\_

Address of Recommender: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Share Savings	
Deposit Account	
Prepaid Master Card	
Group Health	
Group Life	25.00
CUNA	
Entrance Fee <small>(Applies to first payment only)</small>	150.00
<b>Total</b>	

SECRETARY

DATE APPROVED

**ALL ORIGINAL DOCUMENTS MUST BE SUBMITTED & VERIFIED IN SUPPORT OF YOUR APPLICATION**

- Copy of 2 valid forms of ID i.e. National ID, Passport and/or Driver's Permit
- Recent Pay Slip **(Not more than (3) three months old)**
- Recent Job letter showing: Position, Current Earnings and Length of Tenure **(Not more than (3) three months old)**
- Recent Utility Bill** (If Utility Bill is not in applicant's name, a letter from the owner confirming your residence and copy of owner's ID MUST be submitted)
- Member is entitled to a **free** International Prepaid MasterCard upon acceptance
- Self Employed Applicants must submit: Income & Expenditure Statement, BIR Number and copy of V.A.T. certificate (where applicable)
- Member is eligible to join the CUNA Indemnity Plan upon acceptance
- Recommender of Applicant shall **not be** a family member to the Applicant
- Recommender of Applicant shall **not be** the beneficiary of the Applicant
- Members are eligible to join the PCU Group Medical Plan upon approval. **\*\*Special Criteria Applies**

Upon approval the following fees are applicable: \$10.00 – Entrance Fee \$140.00 – Administrative Fee

APPLICATION RECEIVED & CHECKED by: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/20\_\_\_

**CUSTOMER DUE DILIGENCE:**

Reference against Legislated List

Authorized Signature: \_\_\_\_\_ Date Checked: \_\_\_/\_\_\_/20\_\_\_

- OFAC
- UN 1267/2253
- T&T C.L.C.O