AGAPE CREDIT UNION

AGAPE CREDIT UNTION CO-OPERATIVE SOCIETY LIMITED
18 PEMBROKE STREET, PORT OF SPAIN, TRINIDAD
TEL/FAX: 686 1911

APPENDIX 10

MEMBERSHIP APPLICATION FORM

(TO BE COMPLETED IN **BLOCK LETTERS ONLY**)

HOW DID YOU FIND OUT ABOUT THE CREDIT UNION?
☐ FRIEND ☐ ANOTHER MEMBER
☐ RELATIVE ☐ CREDIT UNION STAFF
☐ WEBSITE ☐ OTHER

DAY | MONTH | YEAR

PERSONAL INFORMATION

NAME MR. ☐ MRS. ☐ MS. ☐ GENDER: MALE ☐ FEMALE ☐

SURNAME | FIRST | OTHER

RESIDENTIAL ADDRESS

VERIFICATION ☐ UTILITY BILL ☐ BANK STATEMENT ☐ OTHER- MUST BE IN THE MEMBERS NAME & RECENT TO 3 MONTHS

POSTAL MAILING ADDRESS

DATE OF BIRTH DAY | MONTH | YEAR

PLACE OF BIRTH

COUNTRY OF RESIDENCE

NATIONALITY

TELEPHONE CONTACT HOME | WORK | CELL/MOBILE

EMAIL ADDRESS FAX NO:

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED ☐ COMMON LAW ☐ OTHER

NEXT OF KIN NAME | RELATIONSHIP | TEL. NO

INDENTIFICATION

I.D _____ COUNTRY OF ISSUANCE:_____ EXPIRY DATE:_____ (DAY | MONTH | YEAR)

D.P _____ COUNTRY OF ISSUANCE:_____ EXPIRY DATE:_____ (DAY | MONTH | YEAR)

P.P _____ COUNTRY OF ISSUANCE:_____ EXPIRY DATE:_____ (DAY | MONTH | YEAR)

BIR FILE/TAX NUMBER:

BIRTH CERTIFICATE PIN:

NIS NUMBER:

OCCUPATIONAL INFORMATION

EMPLOYER NAME

WORK ADDRESS

POSITION/ OCCUPATION

SALARY $:_____
☐ MONTHLY ☐ FORTNIGHTLY ☐ WEEKLY

PERIOD OF EMPLOYMENT

☐ CONTRACT ☐ FULL TIME

DATE OF EMPLOYMENT _____/_____/_____ (DAY | MONTH | YEAR)

EMPLOYER CONTACT _____

SELF EMPLOYED

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

SELF-EMPLOYMENT INFORMATION

NATURE/TYPE OF BUSINESS _____

YEARS IN BUSINESS _____

BUSINESS REGISTRATION NUMBER _____

COMMUNICATION PREFERENCES

PREFERRED METHOD OF COMMUNICATION:

☐ EMAIL ☐ SMS ☐ TELEPHONE ☐ MAIL

EMERGENCY CONTACT

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____

TELEPHONE NUMBER _____

RESIDENTIAL STATUS

☐ HOMEOWNER ☐ TENANT ☐ LIVING WITH FAMILY

☐ OTHER (PLEASE SPECIFY) _____

MEMBERSHIP SERVICES REQUIRED

☐ SAVINGS ☐ LOANS ☐ INSURANCE ☐ PAYROLL DEDUCTION

☐ ONLINE SERVICES ☐ OTHER (PLEASE SPECIFY) _____

CONSENT TO ELECTRONIC COMMUNICATION

Please include a consent section authorizing the Credit Union to communicate with members via:

☐ EMAIL ☐ SMS ☐ TELEPHONE

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.

NAME MR. ☐ MRS. ☐ MS. ☐ GENDER: MALE ☐ FEMALE ☐

SURNAME | FIRST | OTHER

RELATIONSHIP

RESIDENTIAL ADDRESS

POSTAL MAILING ADDRESS

DATE OF BIRTH DAY | MONTH | YEAR

PLACE OF BIRTH

NATIONALITY

TELEPHONE CONTACT HOME | WORK | CELL/MOBILE

INDENTIFICATION

I.D

COUNTRY OF ISSUANCE:_____ EXPIRY DATE:_____ (DAY | MONTH | YEAR)

D.P

COUNTRY OF ISSUANCE:_____ EXPIRY DATE:_____ (DAY | MONTH | YEAR)

P.P

COUNTRY OF ISSUANCE:_____ EXPIRY DATE:_____ (DAY | MONTH | YEAR)

BIR FILE/TAX NUMBER:

BIRTH CERTIFICATE PIN:

NIS NUMBER:

POLITICALLY EXPOSED PERSONS (PEP)
URSUANT TO REGULATION 20 OF THE FINANCIAL OBLIGATION
THE FOLLOWING QUESTIONS MUST BE ANSWERED

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:

a) Head of State — YES ☐ NO☐

b) Government — YES ☐ NO☐

c) Senior Politicians [Parliament Members (national, local or THA elections), Senators, Appointed to serve in the THA under the THA Act, Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act] — YES ☐ NO☐

d) Senior Government Official [Parliament Secretary, Accounting Officer under the Exchequer & Audit Act, or holding equivalent positions in a foreign country] — YES ☐ NO☐

e) Senior Judicial Official [Chief Justice, Judges of the Supreme Court (Appeal & High Court Judges) Masters of the Supreme Court, Industrial Court Judges, Caribbean Court of Justice Judges, The Registrar, Deputy Registrar, Assistant Registrar, Chief Magistrate, Deputy Chief Magistrates and Magistrates of the Magistracy] — YES ☐ NO☐

1) Senior Military Officials [e.g. Defence Force - Major General, Brigadier General, Colonel, Lieutenant Colonel. Air Guard - Group Captain, Wing Commander, Squadron Leaders, Coast Guard - Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force. — YES ☐ NO☐

g) Senior Executives of State-owned Corporations - [Chairman, Deputy Chairman, President or Vice President, of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other person who is duly appointed to perform functions similar to those normally performed by the holder of any office specified.] — YES ☐ NO☐

h) Important Political Party Officials[Chairman, Deputy Chairman, Treasurer of a Political Party registered under the Representation of the People Act or individuals holding equivalent positions in foreign country] — YES ☐ NO☐

i) Persons who are or have been entrusted with a prominent function by an internatioal organisation which refers to members of senior management such as directors and members of the board or equivalent functions; (UN, OAS, IADB, ILO, CFATF) — YES ☐ NO☐

i) Immediate Family Member of individuals described above [Spouse, Parents, Siblings, Children & children of the Spouse of that person] — YES ☐ NO☐

k) Are you publicly known or actually known to the relevant financial institution to b 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 detail;

DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge and I shall immediately update Agape Credit Union if there is any change in such information. I authorize Agape 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 Agape 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 Agape Credit Union Co-operative Society Limited.

Signature of Recommender _____ Account Number o f Recommender_____

Relationship_____

FOR OFFICIAL USE ONLY

SIGNATURE OF COLLECTOR_____ DATE_____

AUTHORIZING SUPERVISOR_____ DATE_____

RECEIPT NO._____ AMOUNT PAID

BREAKDOWN SHARES: $_____ DEPOSITS: $_____

ADMIN FEE: $_____ FIP: $_____

TOTAL DEDUCTIONS: $_____ DATE RECEIVED_____

Date of approval/rejection of membership by Board of Directors: _____

FEE/SHARE PURCHASE

ENTRANCE: $_____

MONTHLY SHARES

- ☐ $100
- ☐ $200
- ☐ $300
- ☐ $500
- ☐ OTHER_____

SIGNATURE OF SECRETARY _____ SIGNATURE OF DIRECTOR _____

DATE _____ DATE _____

REFERENCED AGAINST UN2253 (UN1267 LIST) YES ☐ NO☐

TRINIDAD AND TOBAGO CONSOLIDATED LIST OF COURT ORDERS (S. 22(3) OF ATA) YES ☐ NO☐

OFAC LIST

IS APPLICANT A PEP? YES ☐ NO☐ IF YES, WHICH CATEGORY:_____

MEMBER RISK PROFILE YES ☐ NO☐

COMPLIANCE OFFICER SIGNATURE:_____

- ☐ 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)