



# 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**

Shares Savings	\$100.00
Deposit Account	
Prepaid Master Card	
Group Health	
Group Life	\$50.00
CUNA	
Entrance Fee (Applies to first payment only)	\$10.00
<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

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