



Membership Application Form

Membership Application Checklist

CECU is on a continuous drive to be compliant with the Financial Obligation Regulations 2010, and the guidelines provided by the Financial Intelligence Unit of Trinidad and Tobago. CECU is required by law to obtain the following information from all applicants for membership to the credit union:

Checklist:

- Completed Membership Form
- 2 forms of valid picture Identifications (National Identification, Driver's Permit, Passport). If a person does not have a second form of picture Identification, please state and sign that you do not possess another form of picture Identification; a Birth Certificate will be accepted in this instance.
- Proof of Address (Utility Bill or Bank Statement in your name not older than 3 months or where residing at a family home a letter of authorization from a family member accompanied by their ID and utility bill)
- Proof of Income (Recent Payslip, Job Letter or if self employed a Bank Statement and Income and Expenditure Statement)

And if renting kindly include:

- Copy of Identification from Landlord where the member is renting
- Letter from the Landlord stating you are a legal tenant and/or a copy of the Lease Agreement

For Non -Resident of Trinidad and Tobago (items within the checklist above plus):

- A Character Reference Letter from Foreign Financial Institution (This must be an original letter addressed to Canning's Employees' Credit Union. Copies will only be accepted if certified.)

Minors (Under 14 Years)

- Completed Membership Form
- 2 forms of valid Picture Identification (National Identification, Driver's Permit, Passport) for Parent and Birth Certificate of Child
- Proof of Address (Utility Bill or Bank Statement not older than 3 months) for Parent

Please note that all required documents must be received by Canning's Employees' Credit Union in order for applications to be processed.

Please complete form using block letters and a ball point pen - black or blue ink.

CECU looks forward to receiving your application for membership and takes the opportunity to thank you for choosing CECU.

Date ___/___/___

PLEASE USE BLOCK LETTERS

PERSONAL DATA

Full Name: _____
(Title) (First) (Middle) (Last)

Date of Birth: _____ (yy/mm/dd) Age: _____ Gender: _____

Place of Birth: _____ Nationality: _____

Citizen of Trinidad and Tobago: Yes No (* if non-resident Reference letter from Foreign bank is required)

Dual Citizen: Yes No (* if Member holds Dual citizen Reference letter from Foreign bank is required.)

Resident: Yes No (* If non-resident Reference Letter from foreign bank is required.)

Marital Status: Single Married Divorced Widow Widower Common Law

Residential Address: _____
(Please attach a copy of a recent utility bill not more than 3 months old.)

Mailing Address (if different from above): _____

Home Tel.: _____ Cell: _____ Work Tel.: _____

Email Address: _____

Father / Husband's Name: _____

Mother / Wife's Name: _____

Please provide at least two (2) forms of ID: _____ Birth Certificate Pin: _____

Driver's License No.: _____ Passport No.: _____

ID Card No.: _____ NIS No.: _____

BIR File No.: _____ Source of Funds: _____

EMPLOYMENT DATA

Employment Status: Permanent Temporary Casual Child/Student
 Self Employed Retired Housewife Unemployed

Nature and Place of Business (if self employed): _____

Name of Employer: _____

Address of Employer: _____

Job Title/Occupation: _____ Date of Employment: _____

Pay Cycle: Weekly Fortnightly Monthly

Other Means of Employment: _____

Other Sources of Income (Investment etc.): _____

Range of Total Income: Below TT \$5,000 per month TT \$5,001 – 15,000 per month Over TT \$15,000 per month

I am also a member of:

(1) _____ (3) _____
(Name of Financial Institution) (Name of Financial Institution)

(2) _____ (4) _____
(Name of Financial Institution) (Name of Financial Institution)

To which I am indebted in the sum of \$ _____

TYPE OF MEMBERSHIP (Member Company Employee/Family Member)

Employee's Name: _____

Family Member's Name: _____ Relationship to Applicant: _____

PURPOSE OF MEMBERSHIP

If this application is accepted, I hereby authorize _____
(Name of Employer)

to deduct the following sums:

\$ _____ for Shares \$ _____ for Golden Star

After 3 months of being a member, you can enrol into (select which product you are interested in): Medical Plan Family Indemnity Plan

Weekly Monthly Fortnightly Entrance Fee: _____

If not using payroll deduction, method of contribution: Direct Debit Other

Name of Bank: _____ Bank Account Number: _____

BENEFICIARY

As a Member, in case of sickness or death, you may designate up to six (6) beneficiaries to receive your benefits in the society.
In case of sickness or death, I nominate:

Full Name: _____
(Title) (First) (Middle) (Last)

Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)

Marital Status: Single Married Divorced Widow Widower Common Law

DP No.: _____ Passport No.: _____ ID Card No.: _____

Permanent Address: _____

Home/ Mobile Tel.: _____ Occupation: _____

to receive _____% of my benefits in the society.

Full Name: _____
(Prefix) (First) (Middle) (Last)

Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)

Marital Status: Single Married Divorced Widow Widower Common Law

DP No.: _____ Passport No.: _____ ID Card No.: _____

Permanent Address: _____

Home/Mobile Tel.: _____ Occupation: _____

to receive _____% of my benefits in the society.

See *Additional Beneficiaries Form* at the back to name additional beneficiaries on your account if needed.

DECLARATIONS

a) Has any Financial Institution ever refused to open an account for you? Yes No

b) Are you a citizen or hold permanent residence in any other country? Yes No

c) If yes to (b) above please state what country/countries: _____

d) **Are you a Politically Exposed Person (PEP):**

(An individual who is or was entrusted with prominent functions by a foreign country or domestically in Trinidad and Tobago)

i. A head of state or government Y N

ii. senior executive of State-owned corporation Y N

- the Chairman, Deputy Chairman, Director of State Owned Boards, President or Vice-President of the board of directors
- the managing director, general manager, comptroller, Secretary or treasurer; or
- any other person who performs for the body corporate functions similar to those normally performed by the holder of any office specified who is duly appointed to perform those functions; an ambassador or and ambassador's attaché or counsellor

iii. senior government official Y N

- a Permanent Secretary or any other person appointed as an Accounting Officer under the Exchequer and Audit Act or individual holding equivalent positions in a foreign country; a judge; or

iv. senior politician Y N

- a person elected to office in a national, local or Tobago House of Assembly elections; or
- a person appointed to serve as a Senator in the Parliament of Trinidad and Tobago, appointed to serve on the Tobago House of Assembly under the Tobago House of Assembly Act or selected to serve as an Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act.

v. senior judicial or military official Y N

vi. an immediate family member of a person mentioned in the paragraphs (i) to (v) meaning spouse, parent, sibling or children of that person and the parents, siblings and additional children of that person's spouse, or a close personal or professional associate Y N

If yes to any above, please state position: _____

CONSENT

I warrant and confirm the information given herein is true and correct. I understand it is being used to determine my eligibility for membership and I shall immediately update CECU if there is any change in such information. I further confirm that no information, which might affect the Canning's Employees' Credit Union Co-operative Society Limited in making a well informed decision in the overall membership process, has been withheld.

I hereby authorize and give consent to Canning's Employees' Credit Union Co-operative Society Limited to verify any or all information provided on this form. I hereby authorize and give consent to Canning's Employees' Credit Union Co-operative Society Limited, in receiving and exchanging any financial and other information which it may have in its possession about me with any of its subsidiaries, agents, third party assignees, other financial institutions, Credit Bureaus or other person of Corporation or with whom I may have or propose to have financial dealings from time to time.

I promise to abide by the rules and regulations in existence, and any subsequent bye-laws implemented for the proper conduct of Canning's Employees' Credit Union Co-operative Society Limited.

Applicant's Name: _____ Signature: _____ Date: _____
 Witnessed By/ *(In Block Letter)*
 Liaison Officer: _____ *(Name in Block Letters)* _____ *(Signature)*

FOR OFFICIAL USE ONLY

Information Verified By:

Name: _____ Signature: _____

Date: _____ Department: _____

Comments: _____

Member Risk Profile: High Medium Low Adverse Media Check

Reviewed by Compliance Officer: UN Security Council Listing (UN2253) FATF CFATF Listing TTCLCO OFAC

Name: _____ Signature: _____ Date: _____

Comments: _____

Approved by: _____
(General Manager)

Approved by: _____
(President)

Approved by: _____
(Secretary)

Account no. assigned: _____ IT Department signature: _____

Certificate for Common Law Relationship

I _____
(Applicant's Name)

Of _____
(Address)

DECLARE as follows:

I have been cohabiting with _____ as my spouse since
the month of _____ in the year _____

DECLARED at _____)

This _____ day of _____ in the year _____)

Applicant's Signature _____

This section to be completed by a Justice of the Peace, Notary Public, Priest or Minister of Religion, Medical Doctor or Attorney-at-Law.

Name : _____

Title: _____

Certified this _____ day of _____ in the year _____.

Signature _____

Eligibility:- The common Law Spouse **MUST BE** cohabiting for a minimum of five (5) years.

Additional Beneficiaries Form

In addition to the two (2) beneficiaries specified previously, in case of sickness or death, you may designate up to four (4) more beneficiaries for a total of six (6) beneficiaries to receive your benefits in the society.

In case of sickness or death, I nominate: Full Name:

(Title) (First) (Middle) (Last)
 Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)
 Marital Status: Single Married Divorced Widow Widower Common Law
 DP No.: _____ Passport No.: _____ ID Card No.: _____
 Permanent Address: _____
 Home/Mobile Tel.: _____ Occupation: _____
 to receive _____% of my benefits in the society.

(Title) (First) (Middle) (Last)
 Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)
 Marital Status: Single Married Divorced Widow Widower Common Law
 DP No.: _____ Passport No.: _____ ID Card No.: _____
 Permanent Address: _____
 Home/Mobile Tel.: _____ Occupation: _____
 to receive _____% of my benefits in the society.

(Title) (First) (Middle) (Last)
 Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)
 Marital Status: Single Married Divorced Widow Widower Common Law
 DP No.: _____ Passport No.: _____ ID Card No.: _____
 Permanent Address: _____
 Home/Mobile Tel.: _____ Occupation: _____
 to receive _____% of my benefits in the society.

(Title) (First) (Middle) (Last)
 Relationship to Applicant: _____ Date of Birth: _____ (yy/mm/dd)
 Marital Status: Single Married Divorced Widow Widower Common Law
 DP No.: _____ Passport No.: _____ ID Card No.: _____
 Permanent Address: _____
 Home/Mobile Tel.: _____ Occupation: _____
 to receive _____% of my benefits in the society.

Print Form