



AMGECU CREDIT UNION
CO-OPERATIVE SOCIETY LIMITED
Corner Austin Street and Eastern Main Road. St. Joseph
P.O. Box 1587 P.O.S Trinidad and Tobago
Tel: 868-663-9393, 663-8004
E-mail: admin@amgecu.com Website: www.amgecu.com

Employee ☐

Family ☐

APPLICATION FOR MEMBERSHIP

(PLEASE COMPLETE IN BLOCK LETTERS)

Surname: _____ Mr. ☐ Mrs. ☐ Miss. ☐

First Name: _____ Middle Name: _____

Home Address _____

Mailing Address _____

Date of Birth ____/____/____ Place of Birth: _____ Gender: Male ☐ Female ☐

Citizenship: _____ Resident: _____ Nationality: _____

Telephone No. (Home) _____ (Cell) _____ (Other Contact) _____

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

Marital Status: Single ☐ Married ☐ Common Law ☐ Divorced ☐ Other _____

Phone#: Home: _____ Cell: _____

Email: _____

EMPLOYMENT:

Employer's Name: _____ Phone #: _____

Employer's Address: _____

Job Title: _____ STATUS: Permanent ☐ Temporary ☐ Casual ☐ Contract ☐ Self ☐

SALARY STATUS: Monthly ☐ Fortnightly ☐ Weekly ☐ Other ☐

School / University (if applicant is a student): _____

APPOINTMENT OF NOMINEE/ BENEFICIARY:

In the event of death I, _____ hereby nominate the following person(s) to receive any monies accruing to me in the Society:

1. Name: _____ Percent: _____

Rel. to Member: _____ DOB: ____/____/____

Address: _____

ID/DP/PP#: _____ Phone# Home: _____ Cell: _____

Email: _____

2. Name: _____ Percent: _____

Rel. to Member: _____ DOB: ____/____/____

Address: _____

ID/DP/PP#: _____ Phone# Home: _____ Cell: _____

Email: _____

Witnessed by _____

CREDIT UNION REPRESENTATIVE

Witnessed by _____

CREDIT UNION REPRESENTATIVE

(Important Requirements: Non-Refundable Application fee of \$10.00, Letter of Employment (Job Letter), Birth Certificate, Marriage Certificate, Two (2) Forms of Photo ID and a Copy of a Utility Bill / Bank Statement)

COMPLETE THIS SECTION ONLY IF THE NOMINEE IS A MINOR

I hereby nominate the following person / company to act as: Trustee / Guardian on behalf of my Nominee should my Nominee still be a minor (under age 18) upon my death.

Trustee ☐ Guardian ☐ (Select one) Relationship to Beneficiary _____

Name: _____ DOB ____ / ____ / ____ Tel# _____

Address: _____

DOMESTIC AND FOREIGN POLITICALLY EXPOSED PERSON (PEP)

A "Politically Exposed Person" is someone who is entrusted with prominent public functions, for example:

- a) A current or former senior official in the executive, legislative, administrative or judicial branch of a local or foreign government.
- b) A senior official of a major political party.
- c) A senior executive of a local and foreign government-owned commercial enterprise.
- d) A senior military official.
- e) An immediate family member of the above individual: spouse, parents, sibling(s), children and spouse's parents or sibling(s).
- f) Any individual publicly known or actually known to be a close personal or professional associate of the person mentioned in (a) to (d).

Are you or have you ever been a holder of public or political office in any country (local or foreign) such as, a current or former Senior Official of a political party, Attorney General, Senior Politician, Member of Parliament, Chief Justice, Prime Minister, President, Parliamentary Secretary, Permanent Secretary, Government Minister, Senior Government Official, Senior Official of a Regional Corporation or Statutory Authority, A Senior Official of a Commission or Regulatory Body, Board Member or Senior Executive of a State Owned Commercial Enterprise, Senior Military Official, Senior Official in the Judiciary?

Yes ☐ No ☐ If Yes, give details on designated form

MEMBER'S DECLARATION

I, _____, hereby submit this application for membership at AMGECU Credit Union Co-operative Society Limited and declare /confirm that the information provided is true and correct to the best of my knowledge. I agree to adhere to the Bye-Laws and rules governing the operations of AMGECU Credit Union, to use the services of the Credit Union for valid purposes only and to refrain from using the services of the Credit Union for the purpose of Money Laundering and (or) Terrorist Financing and promise to inform AMGECU Credit Union of any changes therein immediately.

*I enclose herewith the sum of \$ _____ Shares \$ _____ Ent. Fee \$ _____

*Payments to be made through: Credit Union Office ☐ Wages/Salary Deduction ☐ Standing Order ☐

Please deduct from my salary on a monthly / fortnightly / weekly basis \$ _____ and pay this sum to the AMGECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED for the credit of my account.

_____ Name of Applicant (Print Name)	_____ Signature of Applicant	_____ Date
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Name of Family Member: _____ Group _____ A/C No. _____

Relationship to Applicant: _____

Recommended by: _____ Signature _____
(Credit Union Member - Print Name)

FOR CREDIT UNION OFFICIAL USE ONLY

Background checked: _____

_____ Compliance Officer Name	_____ Compliance Officer Signature	_____ Date
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Approved by _____ Date Approved _____

Account No. Assigned: _____ Group No. _____ Employer No. _____

Receipt No. _____ Date _____ Entered by: _____ Date: _____