



AMGECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

ACCOUNT No. ASSIGNED

APPLICATION FOR MEMBERSHIP

ADULT MINOR

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

PERSONAL INFORMATION

SURNAME _____ FIRST NAME _____ MIDDLE NAME _____

HOME ADDRESS _____

PROOF OF ADDRESS (SUBMIT ONE COPY OF ANY OF THE FOLLOWING DOCUMENTS)
 LANDLINE TELEPHONE BILL ELECTRICITY BILL WATER BILL CABLE BILL BANK STATEMENT

MAILING ADDRESS _____
(if different from above)

DATE OF BIRTH YYYY / MM / DD GENDER M F CITIZENSHIP _____

PLACE OF BIRTH _____ TOWN / CITY _____ COUNTRY _____
 NATIONAL NON-NATIONAL
 RESIDENT NON-RESIDENT

NATIONALITY _____

MARITAL STATUS SINGLE MARRIED WIDOWED SEPARATED COMMON-LAW

SUBMIT TWO (2) FORMS OF PHOTO I.D.

_____	<u>YYYY / MM / DD</u>	<u>YYYY / MM / DD</u>	_____
NATIONAL IDENTIFICATION #	ISSUE DATE	EXPIRY DATE	COUNTRY OF ISSUANCE
_____	<u>YYYY / MM / DD</u>	<u>YYYY / MM / DD</u>	_____
DRIVER'S PERMIT #	ISSUE DATE	EXPIRY DATE	COUNTRY OF ISSUANCE
_____	<u>YYYY / MM / DD</u>	<u>YYYY / MM / DD</u>	_____
PASSPORT #	ISSUE DATE	EXPIRY DATE	COUNTRY OF ISSUANCE
_____	_____	_____	_____
BIRTH CERTIFICATE PIN #	COUNTRY OF ISSUANCE		
HOME PHONE NO. _____	MOBILE NO. _____	MOBILE NO. _____	
WORK PHONE NO. 1 _____	WORK PHONE NO. 2 _____	FAX _____	
EXTENSION _____	EXTENSION _____		
EMAIL ADDRESS (PERSONAL) _____	EMAIL ADDRESS (WORK) _____		

THIS SECTION IS FOR YOUTH APPLICANT ONLY

NAME OF EDUCATIONAL INSTITUTE ATTENDING: _____

EMPLOYMENT DATA (ADULT APPLICANT OR PARENT / GUARDIAN OF YOUTH APPLICANT)

STATUS PERMANENT ACTING CONTRACT TEMPORARY BUSINESS OWNER FINANCIAL DEPENDENT

NAME OF EMPLOYER / BUSINESS NAME: _____ CONTACT #: _____

CURRENT WORK ADDRESS: _____

HOW LONG IN CURRENT JOB / BUSINESS _____ ADDITIONAL SKILLS / TRAINING _____

OCCUPATION _____ PRIMARY MONTHLY INCOME _____ OTHER INCOME _____
 \$ _____ \$ _____

ATTACH THE FOLLOWING DOCUMENTS
 NON-REFUNABLE APPLICATION FEE OF \$15.00 LETTER OF EMPLOYMENT (JOB LETTER) BIRTH CERTIFICATE MARRIAGE CERTIFICATE



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PERSONAL DATA OF PARENT / GUARDIAN (YOUTH APPLICANTS UP TO AGE 17 YEARS ONLY)

SURNAME FIRST / OTHER NAMES GENDER M F

HOME ADDRESS

CONTACT NUMBERS

EMAIL ADDRESS

RELATIONSHIP TO APPLICANT PARENT GUARDIAN

SUBMIT TWO (2) FORMS OF PHOTO I.D.

I.D. # D.P. # PP. #

OCCUPATION INFORMATION

EMPLOYER NAME

WORK ADDRESS

POSITION / POST

SALARY

\$ MONTHLY FORTNIGHTLY WEEKLY

DATE OF EMPLOYMENT YYYY / MM / DD CONTRACT FULLTIME TELEPHONE

SELF EMPLOYED / PART TIME EMPLOYMENT

If Self Employed or with a side job, please complete:

OCCUPATION

NAME OF BUSINESS

BUSINESS TELEPHONE NUMBER

BUSINESS ADDRESS

VAT REGISTRATION NUMBER (if applicable)

CERTIFICATE OF INCORPORATION (if applicable)

GROSS ANNUAL INCOME DETAILS BELOW \$50,000 \$50,000 - \$100,000 \$100,000 - \$200,000 \$200,000 - \$400,000 \$400,000 AND ABOVE

GENERAL INFORMATION

HIGHEST LEVEL OF EDUCATION

PRIMARY SECONDARY UNDERGRADUATE DEGREE POSTGRADUATE DEGREE OTHER

PREFERRED METHOD OF COMMUNICATION

PHONE CALL E-MAIL TEXT MESSAGE MAIL

HOW DID YOU HEAR ABOUT AMGECU?

NEWSPAPER RADIO TELEVISION SOCIAL MEDIA WEBSITE RELATIVE FRIEND CO-WORKER AMGECU MEMBER AMGECU STAFF OTHER

WOULD YOU BE INTERESTED IN A LOAN WITHIN THE NEXT SIX (6) MONTHS? YES NO

IF YES, PLEASE STATE THE TYPE OF LOAN

PURPOSE & NATURE OF BUSINESS RELATIONSHIP SHARES SAVINGS DEPOSIT LOAN

SOURCE OF FUNDS SALARY DEDUCTION / WAGES STANDING ORDER DIRECT DEPOSIT TO BANK CASH PAYMENT

RECOMMENDER DETAILS

RECOMMENDED BY:

MEMBER ACCOUNT #

RELATIONSHIP

PHONE# (HOME)

EMPLOYER

PHONE# (WORK)

SIGNATURE

MOBILE #

POLITICALLY EXPOSED PERSONS (PEPs) : Individuals who are or have been entrusted with prominent functions by a foreign country or in Trinidad and Tobago

	YES	NO
Head of State	<input type="checkbox"/>	<input type="checkbox"/>
Head of Government	<input type="checkbox"/>	<input type="checkbox"/>
Senior Politician [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 Municipals Corporations Act.]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Government Official [Permanent Secretary, Accounting Officer under the Exchequer & Audit Act, or holding equivalent positions in a foreign country]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Judicial Official [Chief Justice, Judges of the Supreme Court, (Appeal & High Court Judges), Master 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]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Military Officials [eg. Defence Force - Major General, Brigadier General, Colonel, Lieutenant Colonel. Air Guard - Group Captain, Wing Commander, Squadron Leader. Coast Guard - Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force.]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Executive 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.]	<input type="checkbox"/>	<input type="checkbox"/>
Important Political Party Official [Chairman, Deputy Chairman, Secretary, Treasurer of a political party registered under the Representation of the People Act or individuals holding equivalent positions in a foreign country.]	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Family Member of Individuals described above. [Spouse, Parent, Siblings, Children & Children of the Spouse of that person.]	<input type="checkbox"/>	<input type="checkbox"/>
Person who are or who have been entrusted with prominent functions by an International Organisation which refers to members of senior management. [eg. Directors and members of the Board or equivalent functions.]	<input type="checkbox"/>	<input type="checkbox"/>
Close Personal or professional associate of a foreign, domestic or international organization PEP as described in the above classifications.	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered Yes to any of the questions above please complete the Enhanced Due Diligence form

I hereby certify that the above information is true and correct as at the date completed.

MEMBER'S SIGNATURE
(Please sign inside box)

DATE YYYY | MM | DD

DECLARATION OF U.S. STATUS

MEMBER NAME

ACCOUNT #

DO YOU HAVE A GREENCARD OR U.S. PASSPORT? YES NO

(If 'YES' to this question, please provide your U.S. Tax Identification Number (TIN) i.e. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN))

INSTRUCTIONS

If 'Yes' to the above, please tick the **U.S. Person Declaration Box**, read the **Terms and Conditions** and sign below.

If 'No' to the above, please tick the **Non-U.S. Person Declaration Box**, read the **Terms and Conditions** and sign below

U.S. PERSON DECLARATION

I hereby declare that the above named person is a U.S. person.

NON-U.S. PERSON DECLARATION

I hereby declare that the above named person is NOT a U.S. person.

TERMS AND CONDITIONS:

In the course of my relationship with AMGECU, I will inform AMGECU immediately of any changes relating to my U.S. Status, as certified herein. If I should become a U.S. Person under the tax laws of the United States, I will inform AMGECU of all relevant changes in this regard. (e.g change of address, etc.)

I acknowledge that the U.S. related assets (if any, held by AMGECU or any entity or relationship in any account for or on behalf, as well as the income on these accounts, may become subject to tax or other duties in the United States.) I confirm all taxes, duties and other financial obligations relating to the account will be met. I hereby waive my right to any claim against AMGECU for any losses and / or other costs resulting from or relating to any tax liability in the United States.

I am solely responsible for providing accurate information to AMGECU, to certify my U.S. or Non-U.S. status. I understand that I am liable under U.S. law, if any inaccurate information is provided.

If the information in this form is not supported by the information held by AMGECU, I will be asked to resubmit this form.

Please Note that under U.S. Law, AMGECU, its Staff, Directors or Officers **cannot** provide any U.S. tax or other advice as to whether you are / are not a U.S. person based on the responses provided in this Declaration Form.

Please tick this Box as having read and agreed to the above Terms and Conditions.

NAME

SIGNATURE

DATE

YYYY | MM | DD

NOMINEE SECTION (SIGNATURE OF APPLICANT MUST BE WITNESSED BY TWO (2) OFFICERS OF THE CREDIT UNION)

I HEREBY NOMINATE	DATE OF BIRTH YYYY / MM / DD	RELATIONSHIP
ADDRESS		
I HEREBY NOMINATE	DATE OF BIRTH YYYY / MM / DD	RELATIONSHIP
ADDRESS		
I HEREBY NOMINATE <i>(Please use the supplemental Data Page to add additional Nominees)</i>	DATE OF BIRTH YYYY / MM / DD	RELATIONSHIP
ADDRESS		

To withdraw the benefits which may accrue to me under the Statutory Provisions governing the operations of Financial Co-operatives in Trinidad and Tobago, in the event of my death while a member of AMGECU Credit Union.

SIGNATURE OF APPLICANT _____

AMGECU CREDIT UNION OFFICER	SIGNATURE	AMGECU CREDIT UNION OFFICER	SIGNATURE
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Under the current legislation, a duly named nominee of a deceased member of the Society is entitled to the sum of \$50,000.00 or the amount per the Co-operative Society Act.

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

(Select one) Trustee Guardian **NAME** _____ **DOB** YYYY / MM / DD

TEL _____ **ADDRESS** _____

DECLARATION OF APPLICANT

I _____ declare and confirm that the information given in this application for membership in the Credit Union is true and correct and agree to the retention of this application and all documents tendered by me in support of this application by the Credit Union. I promise to abide by the terms of the account(s) agreement and with the statutory provisions and bye-laws governing the operations of AMGECU Credit Union.

I hereby authorize and consent to the Credit Union 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 persons or corporation or with whom I may have or propose to have financial dealings with from time to time. I indemnify you against any and all claims in damages or otherwise arising from such disclosure on your path.

SIGNATURE _____ **DATE** YYYY / MM / DD

FOR OFFICIAL USE ONLY

E-SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO	GOOGLE SEARCH <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
FATF List Checked <input type="checkbox"/> YES <input type="checkbox"/> NO	PEP Completed <input type="checkbox"/> YES <input type="checkbox"/> NO	Match Found <input type="checkbox"/> YES <input type="checkbox"/> NO
FATCA Dec. Completed <input type="checkbox"/> YES <input type="checkbox"/> NO	PEP Identified <input type="checkbox"/> YES <input type="checkbox"/> NO	Member Identified <input type="checkbox"/> YES <input type="checkbox"/> NO
TARGETED FINANCIAL SANCTIONS SEARCH TOOL CHECKED <input type="checkbox"/> YES <input type="checkbox"/> NO	UN 1267/1989/2253 ISIL (Da'esh) & (Al-Qaida Sanctions List) and UN 1988 (Taliban Sanctions List) Checked <input type="checkbox"/> YES <input type="checkbox"/> NO	T&T Consolidated List of Court Orders Positive Match <input type="checkbox"/> YES <input type="checkbox"/> NO
Positive Match <input type="checkbox"/> YES <input type="checkbox"/> NO	UN 2231 List on Iran Nuclear Checked <input type="checkbox"/> YES <input type="checkbox"/> NO	2653 List (Haiti Sanctions List) Positive Match <input type="checkbox"/> YES <input type="checkbox"/> NO
Positive Match <input type="checkbox"/> YES <input type="checkbox"/> NO	Positive Match <input type="checkbox"/> YES <input type="checkbox"/> NO	UN 1718 Sanctions List Materials (DPRK) Positive Match <input type="checkbox"/> YES <input type="checkbox"/> NO

RISK CATEGORY RATING LOW MEDIUM HIGH

PROCESSED BY (EMPLOYEE NAME) _____	SIGNATURE _____	PRINT NAME _____	DATE YYYY / MM / DD
APPROVED BY: _____	SIGNATURE _____	PRINT NAME _____	DATE YYYY / MM / DD
COMPLIANCE OFFICER _____	SIGNATURE _____	PRINT NAME _____	DATE YYYY / MM / DD
GROUP NO. _____	RECEIPT NO. _____		

DOCUMENT CHECKLIST (Please provide original documents)

- | | |
|---|--------------------------|
| 1. Two (2) forms of valid government issued identification (i.e. National Identification Card, Driver's Permit, Passport) | <input type="checkbox"/> |
| 2. Proof of Address must carry applicant's name (i.e. Utility Bill excluding mobile bills)
<small>(N.B. If the utility bill is not on the applicant's name, written consent and valid government issued identification are required from the bill owner to use the bill)</small> | <input type="checkbox"/> |
| 3a. Proof of Employment & Income - Job Letter (not older than 3 months) & Payslip (not than 1 month) | <input type="checkbox"/> |
| 3b. Business Registration Certificate or Articles of Association and Income Expenditure Statement or Bank Statements for the last three (3) months. | <input type="checkbox"/> |
| 3c. Letter from person funding the account, Job Letter (not older than 3 months), Payslip (not older than 1 month) & valid government issued identification | <input type="checkbox"/> |
| 3d. Pension letter from Government / Private Institution, Pension Slip or last 3 months Bank Statements outlining pension deposits. | <input type="checkbox"/> |