

TWCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED DATE OF APPLICATION

ESTABLISHED 25TH MAY, 1950

Motto: Progress through Self Reliance

Reg. 17™ June, 1950 Reg. No. 82

MEMBERSHIP APPLICATION FORM

ALL QUESTIONS MUST BE ANSWERED

PERSONAL INFORMATION	THE REAL PROPERTY OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO PARTY OF THE PERSO	I SHOULD BE STATED WHERE	HE REQUIRED INFORMATION DOES NOT APPLY	
1	(NAME OF APPI	ICANTI		
HOME ADDRESS:				
MAILING ADDRESS:(IF DIFFERENT FROM ABOVE)				
DATE OF BIRTH:///	GENDER: M	F		
PLACE OF BIRTH:	TOWN/CITY	-	COUNTRY	
NATIONALITY:		NATIONAL NON-NATIONAL RESIDENT NON-RESIDENT		
MARITAL STATUS: SINGLE	MARRIED DIVORCED	☐ WIDOWED ☐	SEPARATED COMMON-LAW	
NATIONAL IDENTIFICATION	ISSUE DATE	EXPIRY DATE	COUNTRY OF ISSUANCE	
DRIVER'S PERMIT	ISSUE DATE	EXPIRY DATE	COUNTRY OF ISSUANCE	
PASSPORT	ISSUE DATE	EXPIRY DATE	COUNTRY OF ISSUANCE	
BIRTH CERTIFICATE PIN NO.	COUNTRY OF ISSUAN	CE		
HOME PHONE NO.	MOBILE NO. (1)	МОЕ	BILE NO. (2)	
WORK PHONE NO. (1)	WORK PHONE NO.	2)	FAX NO. ————	
EXTENSION	EXTENSION		EXTENSION	
EMAIL ADDRESS:		EMAIL ADDRESS: Personal)		
EMPLOYMENT STATUS				
EMPLOYMENT STATUS (Please Tick All PERMANENT TEMPORARY CASUAL COL		MPLOYED RETIRED		
NAME OF EMPLOYER:				
DEPARTMENT:BRANCH:BEMPLOYEE NO.:			OYEE NO.:	
EMPLOYER'S ADDRESS:			TEL.NO:	
OCCUPATION:	SAI	ARY: MONTHLY	FORTNIGHTLY WEEKLY	
IF SELF-EMPLOYED, NATURE OF B			JEORINIGHTIV FIWEEKIV	
SALARY/INCOME: MONTHLY FORTNIGHTLY WEEKLY OCCUPATIONAL INCOME: BIR NO.:				
ADDRESS OF BUSINESS:				
IF RETIRED, STATE DATE OF RETIR	EMENT//			
RECOMMENDED BY:				
CREDIT UNION ACCT. NO.:	THE IT SECONDE ITEMS	_ NID/PP/DP NO.:	SIGNATURE	
GENERAL INFORMATION				
1. WHY DO YOU WANT TO BE A M	IEMBER? STATE REASON.			
2. WERE YOU PREVIOUSLY A MEMBER OF THIS CREDIT UNION? TYES TNO				
3. IF YES, DID YOU RESIGN? ☐Y				

GI	ENERAL INFORMATION CONT'D		
4.	WERE YOU EXPELLED? YES NO. IF YES, STATE REASON.		
5.	HOW LONG HAVE YOU BEEN EMPLOYED? STATE DATE JOINED COMPANY. DJ MM YY		
6.	HOW DID YOU HEAR ABOUT THE CREDIT UNION? WEBSITE SOCIAL MEDIA RELATIV	E FRI	END
7.	IF RELATIVE, GIVE NAME AND RELATIONSHIP IF OTHER, PLEASE STATE.		
	APPLICANT'S SIGNATURE DATE		
P	DLITICALLY EXPOSED PERSON		
	PURSUANT TO REGULATION 20 (1), (iii) OF THE FINANCIAL OBLIGATIONS REGULATIONS 201 "POLITICALLY EXPOSED PERSON" MEANS A PERSON WHO IS OR WAS ENTRUSTED WITH A PROMINENT PUBLIC FUNCTION THE FOLLOWING QUESTIONS MUST BE ANSWERED	0.	
Are	ASE TICK IF YOU FALL INTO ANY OF THESE CATEGORIES: you an INDIVIDUAL, or the IMMEDIATE FAMILY of, or a SE PERSONAL/PROFESSIONAL ASSOCIATE of:		
Head of State		YES	□NO
Head of Government		YES	□NO
App	ior Politicians [eg. Parliament Members (national, local or THA elections), Senators, ointed to serve in the THA under the THA Act, Alderman in a Municipality or Regional poration under the Municipal Corporations Act]	YES	□NO
	ior Government Official [eg. Permanent Secretary, Accounting Officer under the Exchequer idit Act, or holding equivalent positions in a foreign country]	YES	□NO
Senior Judicial Official [eg. 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
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]		YES	□NO
Pres pers	ior Executive of State Owned Corporations - [eg. Chairman, Deputy Chairman, President or Vice ident of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other on who is duly appointed to perform functions similar to those normally performed by the holder of office specified]	YES	□NO
	ortant Political Party Official [eg. Chairman, Deputy Chairman, Secretary, Treasurer of a political party stered under the Representation of the People Act or individuals holding equivalent positions in a foreign stry]	YES	□NO
	ediate Family Member of Individuals described above [eg. Spouse, Parent, Siblings, Children & dren of the Spouse of that person]	YES	□NO
whic	cons who are or have been entrusted with prominent functions by an international organisation character to members of senior management [eg. directors and members of the board or valent functions]	YES	□NO
Clos	e personal or professional associate of the PEP	YES	□NO
	If You have answered yes to any of the questions above please complete the Enhanced Due Diligence form		

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MEMBERSHIP APPLICATION FORM

ALL QUESTIONS MUST BE ANSWERED ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY NOMINATION OF BENEFICIARIES IN EVENT OF SICKNESS, DISABILITY OR DEATH I HEREBY NOMINATE THE FOLLOWING PERSON, TO RECEIVE ANY MONIES DUE TO ME FROM THE SOCIETY. MR/MRS/MS RELATIONSHIP ID/DP/PP No HOME ADDRESS NAME MR/MRS/MS:_ HOME ADDRESS RELATIONSHIP ID/DP/PP No MR/MRS/MS:_ ID/DP/PP No. HOME ADDRESS RELATIONSHIP APPLICANT'S SIGNATURE: ___ WITNESS:____ NAME IN BLOCK LETTERS SIGNATURE NID/DP/PASSPORT **AUTHORIZATION FOR COLLECTION OF CREDIT UNION PAYMENTS** hereby authorize the NAME OF FIRM to deduct from my wages weekly/fortnightly/monthly, commencing___ and until further notice the sum of_) and to pay same to "TWCU Credit Union Co-operative Society Limited". This authorization dollars (\$ replaces any previous authorization I have signed. The above monies represents my weekly/fortnightly/monthly payments to be remitted to TWCU Credit Union Co-operative Society Limited to be allocated as follows, and agree that these amounts shall not be changed without the authorization of the Credit Union. **AMOUNT ACCOUNT** SHARES **DEPOSITS** SPOUSE YOUTH OTHER Specify TOTAL I hereby authorize and give consent to TWCU 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 or Corporation or with whom I may have or propose to have financial dealings from time to time. In addition, I/We also give TWCU Credit Union Co-operative Society Limited, 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. I indemnify TWCU Credit Union Co-operative Society Limited against any loss, claims, damages, liabilities, actions and proceedings, legal and or other expense which may be directly and reasonably incurred as a consequence of the disclosure of the financial information. PRNO/ACCNO MEMBER'S SIGNATURE

DATE

OFFICIAL OF TWCU CREDIT UNION

CO-OPERATIVE SOCIETY LIMITED



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FOR OFFICIAL USE ONLY				
BOARD APPROVAL				
PRESIDENT: SECRETARY:				
DATE APPROVED AT BOARD MEETING: / / / / / / / / / / / / / / / / / / /				
ACCT. NO. ASSIGNED				
AUTHORIZED OFFICER: SIGNATURE				
AFFIX STAMP:				
COMPLIANCE DUE DILIGENCE				
New Member Referred Against The Following:				
Update of UN Security Council ISIL (Da'esh) and Al-Qaida Sanctions List as at:				
T&T list of Consolidated Court Order (S.228(3) of ANTI-TERRORISM ACT, CH. 12:07 as at: Date				
Office of Foreign Assets Control (OFAC) as at: Date				
Caribbean Financial Action Task Force (CFATF) Public Statements, as at: Date				
The Financial Action Task Force (FATF) Public Statements as at: Date				
Economic Sanctions Order (ESO) as at:				
RISK: High Medium Low				
Date Signature of Compliance Officer				
Date Signature of Compliance Officer DOCUMENTS CHECKLIST (Please Provide Original Documents)				
DOCOMETATO OTTEORETO (Frease Frovide Original Documents)				
Two (2) forms of Valid Identification (i.e. National Identification Card, Driver's Permit, Passport)				
Proof of Address must carry applicant's name (i.e. Utility Bill or Bank Statement in absence of Utility Bill) (N.B. If the utility bill is not in 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, Driver's Permit, Passport)				
Proof of Employment - Job Letter (within 3 months)				
Proof of Income - Payslip (within 1 month)				
Self-Employed, Unemployed Person and Retirees - 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)				