



MINOR/YOUTH 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

MINOR/YOUTH INFORMATION

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

DATE OF BIRTH: DD / MM / YY GENDER:  M  F

PLACE OF BIRTH: \_\_\_\_\_  
TOWN/CITY COUNTRY

NATIONALITY: \_\_\_\_\_

BIRTH CERTIFICATE PIN NO. COUNTRY OF ISSUANCE

PASSPORT ISSUE DATE EXPIRY DATE COUNTRY OF ISSUANCE  
DD/MM/YY DD/MM/YY

NATIONAL IDENTIFICATION ISSUE DATE EXPIRY DATE COUNTRY OF ISSUANCE  
DD/MM/YY DD/MM/YY

HOME PHONE NO. MOBILE NO. (1) \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

NAME OF PARENTS: \_\_\_\_\_  
MOTHER FATHER

PERSONAL INFORMATION - PARENT/GUARDIAN/REPRESENTATIVE

I \_\_\_\_\_  
(NAME OF APPLICANT)

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

RELATIONSHIP TO MINOR/YOUTH: \_\_\_\_\_

DATE OF BIRTH: DD / MM / YY 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  
DD/MM/YY DD/MM/YY

DRIVER'S PERMIT ISSUE DATE EXPIRY DATE COUNTRY OF ISSUANCE  
DD/MM/YY DD/MM/YY

PASSPORT ISSUE DATE EXPIRY DATE COUNTRY OF ISSUANCE  
DD/MM/YY DD/MM/YY

BIRTH CERTIFICATE PIN NO. COUNTRY OF ISSUANCE

HOME PHONE NO. MOBILE NO. (1) MOBILE NO. (2) \_\_\_\_\_

WORK PHONE NO. (1) WORK PHONE NO. (2) FAX NO. \_\_\_\_\_

EXTENSION EXTENSION EXTENSION \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(WORK) (PERSONAL)

EMPLOYMENT STATUS - PARENT/GUARDIAN/REPRESENTATIVE

EMPLOYMENT STATUS (Please Tick All That Applies)

PERMANENT  TEMPORARY  CASUAL  CONTRACT  SELF EMPLOYED  UNEMPLOYED  RETIRED

NAME OF EMPLOYER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ BRANCH: \_\_\_\_\_ EMPLOYEE NO.: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_ TEL.NO.: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SALARY:  MONTHLY  FORTNIGHTLY  WEEKLY

IF SELF-EMPLOYED, NATURE OF BUSINESS: \_\_\_\_\_ SALARY//INCOME:  MONTHLY  FORTNIGHTLY  WEEKLY

OCCUPATIONAL INCOME: \_\_\_\_\_ BIR NO.: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

IF RETIRED, STATE DATE OF RETIREMENT. DD / MM / YY

**POLITICALLY EXPOSED PERSON - PARENT/GUARDIAN/REPRESENTATIVE**

PURSUANT TO REGULATION 20 (1), (H) OF THE FINANCIAL OBLIGATIONS REGULATIONS 2010. "POLITICALLY EXPOSED PERSON" MEANS A PERSON WHO IS OR WAS ENTRUSTED WITH A PROMINENT PUBLIC FUNCTION  
THE FOLLOWING QUESTIONS MUST BE ANSWERED. PLEASE TICK IF YOU FALL INTO ANY OF THESE CATEGORIES

Are you an INDIVIDUAL, or the IMMEDIATE FAMILY of, or a CLOSE PERSONAL PROFESSIONAL ASSOCIATE of:

- Head of State or Government  YES  NO
- Senior Government, Judicial or Military Officials  YES  NO
- Senior Politician  YES  NO
- Senior Executive of State Owned Corporations  YES  NO
- Important Political Party Official  YES  NO

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION BY PARENT/GUARDIAN/REPRESENTATIVE**

I hereby declare that I \_\_\_\_\_ am legally authorized to open this account on behalf of the child and I shall immediately update TWCU Credit Union if there is any change in such status. I authorize TWCU Credit Union to verify any or all information provided. I hereby promise to abide by the rules and regulations made and to be made of the Credit Union. As a trustee to the child, I agree to abide by the laws of Trinidad and Tobago.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
NAME IN BLOCK LETTERS SIGNATURE NID/DP/PASSPORT

**AUTHORIZATION FOR COLLECTION OF CREDIT UNION PAYMENTS**

I hereby authorize TWCU Credit Union to deduct from my wages weekly/fortnightly/monthly the sum of \_\_\_\_\_ towards this account to be distributed as follows: Shares \_\_\_\_\_ Deposit \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_

**BOARD APPROVAL FOR OFFICIAL USE ONLY**

PRESIDENT: \_\_\_\_\_ SECRETARY: \_\_\_\_\_

DATE APPROVED AT BOARD MEETING: DD / MM / YY ACCT. NO. ASSIGNED \_\_\_\_\_

AUTHORIZED OFFICER: \_\_\_\_\_  
NAME IN BLOCK LETTERS 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: \_\_\_\_\_ Date
- 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: \_\_\_\_\_ Date

RISK:  High  Medium  Low \_\_\_\_\_  
Date Signature of Compliance Officer

**DOCUMENTS CHECKLIST (Please Provide Original Documents)**

- Birth Certificate & Picture Identification e.g. Passport (if available)
- 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)