TRANQUILLITY CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Office: #5 Maraval Road, Newtown, Port of Spain Registered: November 7th 1952 / Registration# 127

PLACE PHOTO HERE

APPLICATION FOR MEMBERSHIP

(PLEASE COMPLETE IN BLOCK LETTERS)

PERSONAL INFORMATION

Name: _____ _____ _____
Surname First Name Middle Name

Date of Birth: _____ / _____ / _____/
Year Month Day

Sex: Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Common-Law ☐ Divorced ☐ Widow / Widower ☐

No. of Dependents_____ **Identification:** (1) _____Exp_____ (2) _____ Exp_____
(ANY TWO: I.D. No. / D.P. No. / P.P. No.)

Home Address: _____

_____

Mailing Address: _____
(If different from above)
_____

Nationality: _____ **Country of Residence:** _____

Phone No.: (W) _____ (H) _____ (C) _____

Email: _____

FAMILY INFORMATION

Father's Name: _____ **Mother's Name:** _____

Next of Kin Name: _____ **Relationship:** _____

Are you an **INDIVIDUAL**, or the **IMMEDIATE FAMILY** of, or a **CLOSE PERSONAL/PROFESSIONAL ASSOCIATE** of;

☐ Head of State or Government | Senior politician ☐ | Senior government, Judicial or Military Officials ☐

☐ Senior executives of State-owned corporations | Important political party officials ☐

EMPLOYMENT INFORMATION

Company: _____

Company Address: _____

Period of Employment: _____ **Post / Occupation / Profession:** _____

Tick appropriate box:

Permanent	☐	Temporary	☐	Contract	☐	Self-Employed	☐
Monthly Paid	☐	Weekly Paid	☐	Fortnightly paid	☐	Employee No.	☐
Monthly Salary Range:	$ 1,501 - $ 5,000	☐	$ 5,001 - $10,000	☐	$10,001 - $15,000	☐	
	$15,001 - $20,000	☐	$20,001 - $25,000	☐	Over $25,000	☐	

Reason for joining Tranquillity Credit Union _____

RECOMMENDER INFORMATION

Name: _____ **Account No.:** _____

Relationship of Applicant to Recommender: Spouse Child ☐ Other_____ ☐
(please state)

Employed: Yes ☐ No ☐ Self Employed ☐

Company: _____ **Occupation/Profession:** _____

Company Address: _____ **Phone:** _____

Signature of Recommender: _____ **Date:** _____

Company Stamp:
(where applicable)

BENEFICIARY INFORMATION

1. **Name :**_____ **Date of Birth:** _____/_____/_____
dd / mm / yy

Address: _____

_____

Phone No.: (H) _____ (W) _____ (C) _____

Relationship to Member: _____ **I.D/DP/PP:** _____

DECLARATION

a. Has any Financial Institution ever refused to open your account? Yes ☐ No ☐

b. Do you hold a position in any political party/public office or hold a high profile position? Yes ☐ No ☐

c. Do you agree to submit source of wealth where required? Yes ☐ No ☐

d. Do you deal in valuable items i.e., Gold, Silver, Diamonds, etc.? Yes ☐ No ☐

e. Do you belong to countries where Anti-Money Laundering regulations are ignored? Yes ☐ No ☐

f. Are you a citizen or hold permanent resident in any other country? Yes ☐ No ☐

g. If yes to (f) above, please state: _____

I hereby declare that the above information is true and correct to the best of my knowledge and I shall immediately update Tranquillity Credit Union if there is any change in such information. I authorize Tranquillity 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. I agree to indemnify the Society against any loss, claims damages liabilities or actions and legal proceedings and or other expense which may be directly or indirectly incurred as a consequence of incorrect or misleading information given by me. In addition, I/We also give Tranquillity Credit Union Cooperative Society Ltd, 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.

Signature of Applicant: _____ **Date:** _____

Signature of Witness : _____ **Date:** _____

FOR OFFICIAL USE ONLY

I enclose the Total sum of $ _____ to cover the following:

Registration fees	= $ 20.00
Shares	= $
Deposit / Premium	= $
Other	= $ _____
TOTAL	= $ _____

Funds received by _____ Date _____ Receipt No.: _____

COMPLIANCE CONTROL

Referenced against UN2253 (UN1267 List) **Yes** ☐ No ☐

Trinidad and Tobago Consolidated List of Court Orders (s. 22B (3) of ATA) **Yes** ☐ No ☐

OFAC List **Yes** ☐ No ☐

Economic sanction Order **Yes** ☐ No ☐

Is Applicant a PEP? **Yes** ☐ **No** ☐ **If YES, which category?** _____

Member Risk Profile **High** ☐ **Medium** ☐ **Low** ☐

Reviewed by Compliance Officer: Signature: _____ **Date:** _____

Comments: _____

BOARD OF DIRECTORS

Application for membership approved by the Board on: **Date:** _____

Authorized Signature: _____ **Membership No.:** _____