

TRANQUILLITY CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

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

HERE

PLACE

PHOTO

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

(PLEASE COMPLETE IN BLOCK LETTERS)

Name:								
Surname		First Name			Middle Name			
Date of Birth:/ _ Year	// Month Day	Sex: Male	Fe	male				
Marital Status: Single	Married	Common-Law	Div	vorced	Widow / Widowe	er		
No. of Dependents	Identification: (1)		Exp	(2)	Exp_			
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:								
Phone No.: (W)	(H)			(C)				
Email:								
	FA	MILY INFO	DRMATIC	N				
Father's Name:	ame: Mother's Name:							
Next of Kin Name:		Relat	ionship:					
Head of State or Government [2] Senior politician [2] Senior government, Judicial or Military Officials [2] Senior executives of State-owned corporations [2] Important political party officials [2] EMPLOYMENT INFORMATION								
Company:								
Company Address:								
Period of Employment: _	riod of Employment: Post / Occupation / Profession:							
Tick appropriate box:								
Permanent	Temporary	Contra	act		Self-Employed			
Monthly Paid	Weekly Paid	Fortni	ghtly paid		Employee No.			
Monthly Salary Range:	\$ 1,501 - \$ 5,000	\$ 5,00	1 - \$10,000		\$10,001 - \$15,000			
	\$15,001 - \$20,000	\$20,00	01 - \$25,000		Over \$25,000			
	RECON	MENDER	INFORM	ATION				
Name:				_ Account N	o.:			
	t to Recommender: Spou		nild	Other				
Employed: Yes	No Self Em	ployed			(please state)			
If Yes, fill out the following information:								
Company: Occupation/Profession:								
				•				
Company Address:								

	BENEFICIARY INFORMATION						
1.	Name : Date of Birth:/						
	Address:						
	Phone No.: (H)(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?						
d.	Do you deal in valuable items i.e., Gold, Silver, Diamonds, etc.?						
e.	Do you belong to countries where Anti-Money Laundering regulations are ignored?						
f.	Are you a citizen or hold permanent resident in any other country? Yes No						
g.	If yes to (f) above, please state:						
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						
Lon	aclose the Total sum of \$to cover the following:						
ren	Registration fees = \$ 20.00 Shares = \$ Deposit / Premium = \$ Other = \$ TOTAL = \$						
Fun	ds received by Date Receipt No.:						
	COMPLIANCE CONTROL						
Ref	erenced against UN2253 (UN1267 List) Yes No						
	nidad and Tobago Consolidated List of Court Orders (s. 22B (3) of ATA) No						
	AC List Yes No						
Eco	nomic sanction Order Yes No						
Is A	pplicant a PEP? Yes No If YES, which category?						
Me	mber Risk Profile High Medium Low						
Rev	viewed by Compliance Officer: Signature: Date:						
Cor	nments:						
BOARD OF DIRECTORS							
Арі	Dication for membership approved by the Board on: Date:						
Aut	chorized Signature: Membership No.:						

