

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	Di	vorced	Widow / Widowe	er	
No. of Dependents	Identification: (1)		Exp	(2)	Exp_ No. / P.P. No.)		
Mailing Address: (If different from above)							
Nationality:		Count	try of Residen	ce:			
Phone No.: (W)	(H)			(C)			
Email:							
	FA	AMILY INFO	DRMATIC	N			
Father's Name:		Moti	her's Name: _				
Next of Kin Name:		Rela	tionship:				
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: _	eriod 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	\$20,0	01 - \$25,000		Over \$25,000		
	RECOI	MMENDER	INFORM	ATION			
Name:				Account N	lo.:		
Relationship of Applican	t to Recommender: Spo	ouse C	hild	Other		_	
		· · · · · · · · · · · · · · · · · · ·			(please state)		
Employed: Yes	No Self Er	mployed			(prease state)		
Employed: Yes If Yes, fill out the following the f		mployed	,		(prease state)		
If Yes, fill out the followi			Occupation	n/Profession:			
If Yes, fill out the followi	ng information:						

	BENEFICIARY INFORMATION							
1.	Name : Date of Birth:/ dd / _mm / _yy							
	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:								
Sig	nature of Witness: Date:							
	FOR OFFICIAL USE ONLY							
l er	aclose the Total sum of \$ to cover the following:							
	Registration fees = \$ 20.00 Shares = \$ Deposit / Premium = \$ Other = \$ TOTAL = \$							
Fur	ids received by Date Receipt No.:							
	COMPLIANCE CONTROL							
Ref	erenced against UN2253 (UN1267 List) Yes No							
Trin	nidad and Tobago Consolidated List of Court Orders (s. 22B (3) of ATA) Yes No							
OF	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	mments:							
	BOARD OF DIRECTORS							
Apı	plication for membership approved by the Board on: Date:							
Aut	chorized Signature: Membership No.:							

