



TRANQUILLITY CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

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

APPLICATION FOR MEMBERSHIP

(PLEASE COMPLETE IN BLOCK LETTERS)

PLACE PHOTO HERE

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you hold a position in any political party/public office or hold a high profile position? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you agree to submit source of wealth where required?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Do you deal in valuable items i.e., Gold, Silver, Diamonds, etc.?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Do you belong to countries where Anti-Money Laundering regulations are ignored?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Are you a citizen or hold permanent resident in any other country?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 = \$	_____
<b>TOTAL = \$</b>	<b>_____</b>

Funds received by \_\_\_\_\_ Date \_\_\_\_\_ Receipt No.: \_\_\_\_\_

### COMPLIANCE CONTROL

- |  |                               |  |
|--|-------------------------------|--|
| Referenced against UN2253 (UN1267 List)                                      | Yes <input type="checkbox"/>  | No <input type="checkbox"/>                                  |
| Trinidad and Tobago Consolidated List of Court Orders (s. 22B (3) of ATA)    | Yes <input type="checkbox"/>  | No <input type="checkbox"/>                                  |
| OFAC List  | Yes <input type="checkbox"/>  | No <input type="checkbox"/>                                  |
| Economic sanction Order  | Yes <input type="checkbox"/>  | No <input type="checkbox"/>                                  |
| Is Applicant a PEP? Yes <input type="checkbox"/> No <input type="checkbox"/> | If YES, which category? _____ |  |
| Member Risk Profile  | High <input type="checkbox"/> | Medium <input type="checkbox"/> Low <input type="checkbox"/> |

**Reviewed by Compliance Officer: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

## BOARD OF DIRECTORS

**Application for membership approved by the Board on:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Membership No.:** \_\_\_\_\_

