



MEMBERSHIP APPLICATION FORM

Head Office:
#31 Bethlehem Road
Bethel
Tobago
Tel: (868) 639 - 8226
Fax: (868) 639 - 8226 Ext 237

Branch Office:
Mt. Marie
Lower Scarborough
Tobago
Tel: (868) 639 - 8226
Fax: (868) 639-3003

PERSONAL INFORMATION

Surname: _____ Mr. Mrs. Miss.

First Name: _____ Middle Name: _____

Residential Address: _____
_____ No. of years _____

Mailing Address (If different from above): _____

Email Address: _____

Telephone No: Work _____ Home: _____ Cell: _____

D.O.B: _____ (DD/MM/YYYY) Age: _____ Gender: _____

Marital Status: Single Married Widowed Divorced Separated Common Law

ID Type: DP# _____ PP# _____ ID Card# _____

Place of Birth: _____ Nationality: _____

EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address: _____

Occupation: _____ Date of Employment: _____

Status: Permanent Temporary Contract Casual Self-employed

Frequency: Weekly Fortnightly Monthly

RECOMMENDER

Recommended by: Member Relative Friend Staff

Recommender's Name: _____ Account # of member : _____

NOMINATION OF BENEFICIARY

In the event of death, I hereby nominate _____, of _____
_____ to receive all monies accruing to me in the society.

Relationship: _____ Contact: _____

(Refer to the supplemental beneficiary form)



NOMINATION OF BENEFICIARY FORM

BCU# _____

NAME OF MEMBER: _____

NAME OF BENEFICIARY: _____

RELATIONSHIP: _____

ADDRESS OF BENEFICIARY: _____

DATE OF BIRTH: _____ (DD/MM/YYYY) OCCUPATION: _____

Type of Identification: Driver's Permit Passport National Identification Card

Identification Number: _____

I hereby nominate the above person to be my Nominated Beneficiary, to receive any benefits which may be payable upon my death from Bethel Credit Union Co-operative Society Limited. I agree that this nomination shall revoke any previous Nomination of Beneficiary information, which I may have completed in the past and shall not be valid if the date of acknowledgement shown below is subsequent to the date of my death.

DATE: _____

DATE: _____

NAME OF MEMBER: _____

NAME OF WITNESS: _____

SIGNATURE: _____

SIGNATURE: _____

*****FOR OFFICIAL USE ONLY*****

ACKNOWLEDGED BY:

PRESIDENT

SECRETARY

GENERAL MANAGER

SINGNATURE: _____

DATE OF ACKNOWLEDGEMENT: _____ (DD/MM/YYYY)



*****FOR OFFICIAL USE ONLY*****

CUSTOMER DUE DILIGENCE

- Reference against UN2253 list Yes No
- Reference against other list (CFATF/ATF) Yes No
- Dow Jones Risk and Compliance Yes No
- Consolidated List of Court Orders Yes No
- Utility Bill Yes No
- Evidence of Employment Yes No

Account No. Assigned: _____ Pass Book No. _____

Date Joined : _____ (dd/mm/yy) Status Date: _____

Company Prefix/ No.: _____ Group #: _____ Job Title No.: _____

Fee Paid:

	\$	&
Entrance Fee		
Shares		
Pass Book		
Other		
Total		

Compliance Officer: _____

Date: _____

Secretary: _____

President: _____

Membership Update New Account

Due Diligence

System verification Signature _____ Date _____

“The membership # noted on this APPLICATION FORM IS THE NUMERICAL REFERENCE throughout the Credit Union records and would be used for any transactions thereafter.”