



BETHEL CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

YOUTH MEMBERSHIP APPLICATION FORM

Head Office:
#31 Bethlehem Road
Bethel
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Branch Office:
Mt. Marie
Lower Scarborough
Tobago
Tel: (868) 639 - 8226
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PERSONAL INFORMATION

Surname: _____

Mr. Miss.

First Name _____

Middle Name: _____

Residential Address: _____

Mailing Address (If different from above): _____

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

Email Address: _____

Place of Birth: _____ Nationality: _____

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

CLASS: _____ SCHOOL TELEPHONE # _____

PARENT / GUARDIAN INFORMATION

Parent /Guardian Name: _____

Parent / Guardian Address: _____

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

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

Telephone #: Home _____ Work: _____ Cell # _____

Place of Employment: _____

Occupation: _____

RECOMMENDER

Recommend by: Member Relative Friend Staff

Recommender's Name: _____ Account #: _____

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 supplemental beneficiary for



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DECLARATION

I _____ hereby apply for membership in Bethel Credit Union Co-operative Society Limited and agree to abide by the bye laws and rules or any amendment thereof the Credit Union. I declare that the information submitted in this application is true to the best of my knowledge. I am not engaged in money laundering, terrorist financing, fraud, drug trafficking, identity theft, or any other criminal or illicit activities. Authorization and consent is given to Bethel Credit Union to obtain information about me and verify the said information.

_____ Signature of Applicant	_____ Signature of Witness	_____ Signature of Witness
_____ Date	_____ Date	_____ Date

FINANCIAL OBLIGATION REGULATION

Are you a politically exposed person? (P.E.P) Yes No

If yes:
PEP Name: _____
PEP Address: _____
PEP Contact Number : _____

SOURCE OF WEALTH:

Remuneration: Under \$5,000.00 () \$5,001-\$10,000 () \$10,001-\$15,000 () \$15,001-\$20,000 ()
\$20,001-\$30,000 () \$30,001-\$40,000 () \$40,001-\$50,000 () Over \$50,000 ()

Assets: Under: \$100,000 () \$100,001-\$250,000 () \$250,001-\$350,000 ()
\$350,001-\$500,000 () Over \$500,000 ()

ARE YOU A MEMBER OF ANOTHER CREDIT UNION? Yes No

If yes:
Name of Credit Union: _____

ARE YOU SERVING ON ANY CREDIT UNION BOARD OF DIRECTORS / COMMITTEE?

Yes No

If yes:
Name of Committee: _____

You are required to provide the following documents upon submission of your application:

- Letter of Employment, Pay Slip, Pension, Other Income, Last Financial Statement (Parent)
- Evidence verifying residential address: (Utility bill e.g WASA, TSTT, T&TEC, Digicel Play or Bank Statement) (Parent)
- Two (2) valid forms of Identification: Passport, Driver’s Permit, National Identification Card
- Computerized Birth Certificate (Parent and Child)



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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

SIGNATURE: _____

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



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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

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.”