



Head Office:
#31Bethlehem Road
Bethel
Tobago
Tel: (868) 639 - 8226
Tel: (868) 660 - 7358

Branch Office:
Mt. Marie
Lower Scarborough
Tobago
Tel: (868) 639-8226
Tel: (868) 631-1336

Mr. Mrs. Miss.

SECTION 1 – PERSONAL INFORMATION

SURNAME:

FIRST NAME:

MIDDLE NAME (S):

MAIDEN NAME:

DATE OF BIRTH:
DD/MM/YYYY

PLACE OF BIRTH:

COUNRTY OF BIRTH:BIRTH CERTIFICATE PIN#.....

NATIONALITY:

ID INFORMATION: (2 FORMS OF IDs) ID#..... DP#.....

PASSPORT#..... B/CERT. PIN #.....

GENDER: () MALE () FEMALE

MARITAL STATUS: () SINGLE () MARRIED
() WIDOW () DIVORCED
() SEPARATED () COMMON LAW
() OTHER

ADDRESS TYPE: () RESIDENT () NON-RESIDENT

COUNTRY OF RESIDENCE:

DWELLING TYPE: () OWN () RENT
() BOARD () OTHER

HOME ADDRESS:
.....



MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

CONTACT INFORMATION

HOME TEL. NO: MOBILE NO:

EMAIL ADDRESS:

SECTION 2 - NEXT OF KIN

NAME:

RELATIONSHIP:

CONTACT NO:

PLACE OF EMPLOYMENT:

SECTION 3 - FOREIGN NATIONAL

NAME OF FOREIGN BANK:

ACCOUNT NO:

ADDRESS OF FOREIGN BANK:

BANK CONTACT#:

TYPE OF FINANCIAL INSTITUTION: () CREDIT UNION () BANK () OTHER

TYPE OF REFERENCE RECEIVED:

AUTHORITY TYPE:

SECTION 4 - EMPLOYMENT INFORMATION

EMPLOYER/ COMPANY NAME:

JOB TITLE/ OCCUPATION:

COMPANY ADDRESS:

WORK CONTACT#:

DATE OF EMPLOYMENT: DD/MM/YYYY

EMPLOYMENT STATUS: () PERMANENT () CONTRACT () TEMPORARY () SELF EMPLOYED () FORTNIGHTLY () WEEKLY PAID () MONTHLY PAID () RETIRED



EVIDENCE OF EMPLOYMENT: () JOB LETTER () PAYSLIP () OTHER () CONTRACT (PLEASE SPECIFY).....

SECTION 5 - FINANCIAL OBLIGATION REGULATION

ARE YOU A REGISTERED BUSINESS OWNER? () YES () NO

IF YES, () BENEFICIAL () OTHER LEGAL ARRANGEMENT

REGISTERED NAME OF BUSINESS:

REGISTRATION NO:

REGISTERED ADDRESS OF BUSINESS:

BUSINESS CONTACT NO:

BUSINESS EMAIL ADDRESS:

SECTION 6 - POLITICALLY EXPOSED PERSONS (P.E.P)

In accordance with the Proceeds of Crime Act 2000 (as amended) and the Financial Obligations (amendment) Regulations 2014, Regulation 20(3), there is an obligation for Financial Institutions to undertake Enhanced Member Due Diligence on clients who are classified as a PEP. As defined by these acts and adopted within the Bethel Credit Union Co-operative Society AML/CFT Programme, a PEP shall be considered as an individual who is or has been entrusted with a prominent function either locally or in a foreign country.

DEFINITIONS:

DOMESTIC PEP: An individual who is or was entrusted with a prominent public function domestically.

FOREIGN PEP: An individual who is or was entrusted with a prominent public function in a foreign country.

YOU ARE REQUIRED TO: 1. Select one or as many of the pep categories below that best describe you; 2. Declare your pep status by selecting the applicable confirmation box; 3. Affix your name, signature, and date on designated area below.

- 1. Domestic PEP or Foreign PEP (please also insert your specific job title below) () 1. Head of State () 2. Head of Government () 3. Senior Members of the Legislature e.g. Speaker of the House & President of Senate () 4. Senior Politicians e.g. Members of Parliament, Government Ministers, Mayors, Leader of Opposition, Chairman & Chief Secretary of the THA, Parliamentary Secretaries () 5. Senior Government Officials e.g. Permanent Secretaries, Chief Technical Officers & Ambassador or High Commissioner, Assistant Commissioner of Police or higher rank. () 6. Judicial Officials - e.g. Magistrates, Judges of the Supreme Court, Judges of the Industrial Court, Judges of the Caribbean Court of Justice. () 7. Military Officials - Lieutenant Colonel or higher rank



- () 8. Senior executives of State-owned corporation e.g. Members of the Boards of all Statutory Bodies and State Enterprises including the CONTROLLING Interest of State
- () 9. Senior political party officials e.g. Chairman, Political Leader & Deputy Political Leader
- () International Organization PEP (please also insert your specific job title below)
 - () 1. United Nations and affiliated International Organization
 - () 2. Inter-American Development Bank
 - () 3. Caribbean Financial Action Task Force
 - () 4. Organization of American States
 - () 5. International Labour Organization

2. Organization:.....

Job title:.....

Address:.....

Contact#:.....

Remuneration:

- | | | |
|-------------------------|-------------------------|-------------------------|
| () Under \$5,000 | () \$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 \$500,000 | () \$500,001 - \$1.5MIL |
| () Over \$3,000,000 | () Other |

IMMEDIATE FAMILY MEMBER OF A PEP:

An individual who is related to a PEP either through birth or marriage (current or past).

- | | | |
|----------------------|------------------|-------------|
| () Spouse/Ex-Spouse | () Half-Sibling | () Sibling |
| () Parent | () Child | () Other |

CLOSE ASSOCIATE OF A PEP:

Any individual publicly known or actually known to be a close personal or professional associate of a PEP.

Close Associate of a PEP. () Yes (Please indicate relationship to PEP named below)

Name of PEP.....

3. Based on my responses to the above:

- () I confirm that I am a Politically Exposed Person (PEP)
- () I confirm that I am not a Politically Exposed Person (PEP)

.....

Member's signature Date (DD/MM/YYYY)



SECTION 7 – IF APPLICANT IS A STUDENT

SCHOOL NAME:

SCHOOL ADDRESS

FORM/CLASS/YEAR:

MAJOR/MINOR (College/University Students ONLY):
.....

SECTION 7 – IF APPLICANT IS A MINOR (UNDER 16 YEARS)

PARENT/GUARDIAN'S

FULL NAME:

DATE OF BIRTH:

ID INFORMATION: (2 FORMS OF IDs) ID#..... DP#.....
PASSPORT#..... B/CERT. PIN #.....

PARENT/GUARDIAN'S ADDRESS:

PARENT/GUARDIAN'S PLACE OF WORK:

PARENT/GUARDIAN'S JOB TITLE:

RELATIONSHIP TO APPLICANT/MINOR () Parent () Legal Guardian
() Other (specify).....

AUTHORISATION FOR OPERATION OF A MINOR'S ACCOUNT: The person indicated below is hereby duly authorized to make withdrawals or access on this account and on behalf of the applicant who is a minor.

NAME OF PARENT/GUARDIAN:

AUTHORISED PERSON ON ACCOUNT: FULL NAME.....
SPECIMEN SIGNATURE OF AUTHORIZED PERSON
.....

RELATIONSHIP TO MINOR:

GENDER () MALE () FEMALE

ID INFORMATION: (2 FORMS OF IDs) ID#..... DP#.....
PASSPORT#..... B/CERT. PIN #.....



SECTION 8 - DECLARATION

Are you a member of another Credit Union? Yes No

Are you currently serving on the Board of a Credit Union? Yes No

I hereby apply for membership in **BETHEL CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**, and, if admitted, I agree to conform to the Bye Laws or amendments thereof of the said Society, and pledge to offer my skills towards further growth of the Credit Union.

I further declare that all information provided and contained herein is true and correct to the best of my knowledge.

() Please select if you are signing on behalf of Applicant who is a minor (See Section 7).

Specimen Signature of Applicant

.....

Witness (Credit Union Official Only)

Name:.....

Title/Position:.....

Date:.....

Signature:.....

SECTION 9 - RECOMMENDER/MARKETING DATA

Relationship of Recommender to Applicant

- | | | |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Friend | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Credit Union Staff | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Other:..... |

Recommender's Name / Account #

- | | | |
|----------------------------|--|--|
| What inspired you to join? | <input type="checkbox"/> Shares | <input type="checkbox"/> Loan |
| | <input type="checkbox"/> Fixed Deposit | <input type="checkbox"/> Cuna Products (FIP) |

SECTION 10 - NOMINATION OF BENEFICIARY

BENEFICIARY NAME

(1):

ID INFORMATION: (2 FORMS OF IDs) ID#..... DP#.....

PASSPORT#..... B/CERT. PIN #.....

BENEFICIARY' HOME ADDRESS:

CONTACT INFORMATION

HOME TEL. NO: **MOBILE NO:**

EMAIL ADDRESS:



RELATIONSHIP TO APPLICANT:

.....

BENEFICIARY NAME (2):

.....

ID INFORMATION: (2 FORMS OF IDs)

ID#..... DP#.....

PASSPORT#..... B/CERT. PIN #.....

BENEFICIARY' HOME ADDRESS

.....

CONTACT INFORMATION

HOME TEL. NO:

.....

MOBILE NO:

.....

EMAIL ADDRESS:

.....

RELATIONSHIP TO APPLICANT:

.....

I understand in the event of my death, if I do not name a beneficiary, the proceeds of this account will be paid into my Estate and distribute according to the Succession Act 1981 of Trinidad and Tobago. I further declare that all information given herein is true and correct to the best of my knowledge.

Signature of Applicant

Date



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

SECTION 11 – MEMBER DUE DILIGENCE

- Referenced against UN2253 List Yes No
- Referenced against NCCT List Yes No
- T&T Consolidated List of Court orders Yes No
- Dow Jones Risk and Compliance Yes No
- Background Checks Yes No

Proof of Address Utility Bill

- WASA Bill Telephone Bill T&TEC Bill
- Cable Bill Bank Statement Other

Proof of Income/Employment

- Job Letter Payslip Business Registration Other
- Financial Statements

SECTION 12 – MEMBERSHIP APPROVAL

The account number noted on this APPLICATION FORM IS THE NUMERICAL REFERENCE throughout the Credit Union Records and would be used for any transactions thereafter. This Application for Membership is approved by the Board of Directors of **BETHEL CREDIT UNION CO-OPERATIVE SOCIETY LIMITED** on this.....day of....., 20.....

CHAIRMAN:

SECRETARY:

COMPLIANCE OFFICER:

AUTHORIZED SIGNATURE: **DATE:**(DD/MM/YYYY)

- NEW CCOUNT MEMBERSHIP UPDATE REACTIVATION OF ACCOUNT

Passbook No.: Account No.:

Date Joined:(dd/mm/yyyy) Status Date:(dd/mm/yyyy)

Group No.: Job Title No:

Fees Paid	\$		
Entrance Fee			
Shares			
Passbook			
Other			
Total			



BETHEL CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
MEMBERSHIP APPLICATION FORM

BENIFICARY NAME (3):

ID INFORMATION: (2 FORMS OF IDs) ID#..... DP#.....
PASSPORT#..... PIN.....

BENEFICIARY' HOME ADDRESS:

CONTACT INFORMATION

HOME TEL. NO: **MOBILE NO:**

EMAIL ADDRESS:

RELATIONSHIP TO APPLICANT:

BENIFICARY NAME (4):

ID INFORMATION: (2 FORMS OF IDs) ID#..... DP#.....
PASSPORT#..... PIN.....

BENEFICIARY' HOME ADDRESS

CONTACT INFORMATION

HOME TEL. NO: **MOBILE NO:**

EMAIL ADDRESS:

RELATIONSHIP TO APPLICANT:

I understand in the event of my death, if I do not name a beneficiary, the proceeds of this account will be paid into my Estate and distribute according to the Succession Act 1981 of Trinidad and Tobago. I further declare that all information given herein is true and correct to the best of my knowledge.

.....
Signature of Applicant Date