



Junior Membership Application Form

This form is to be used ONLY for applicants who are under the age of sixteen (16) years and/or who will not attain that age before the end of the calendar year.

Membership Application Checklist & Statement

The Angostura Group Employees Credit Union Co-Operative Society Limited (AGECU) is on a continuous drive to be compliant with the Financial Obligation Regulations, Proceeds of Crime and Anti-Terrorism Acts (as amended) as well as the requirements and guidelines provided by the Financial Intelligence Unit of Trinidad and Tobago. The AGEUCU is required by law to obtain the following information from all applicants for membership to the credit union:

Checklist:

- Completed Membership Form
- Recent passport size photo
- 2 forms of Parent's valid Picture Identifications (National Identification, Driver's Permit or Passport).
- Copy of applicants' Birth Certificate
- Proof of Address – A Utility Bill or Bank Statement in parent/guardians' name not older than three (3) months.

If renting or not in possession of a utility bill in your name kindly include:

- Letter from the Landlord / owner of property stating you are a legal tenant and/or a copy of the Lease Agreement
- Copy of valid identification from Landlord / owner of property

Please note that all required documents must be received by Angostura Group Employees' Credit Union in order for applications to be processed. Forms without the required documents will be considered incomplete and shall not be processed.

Please complete the following form using block letters and a ball point pen with black or blue ink.

Junior Membership Application Form

PLEASE USE BLACK/ BLUE INK & BLOCK LETTERS

PERSONAL DATA

Full Name: _____
SURNAME FIRST NAME MIDDLE NAME(S)

Date of Birth: ___/___/___ (dd/mm/yyyy) Gender: _____

Residential Address: _____

Passport size
photograph

(Please attach a copy of a recent utility bill not more than 3 months old.)

Mailing Address: _____

Home Tel.: _____ Cell: _____ Work Tel.: _____

Email Address: _____

Name of Parent(s) who is/are a Member: _____ Passbook # _____

NATIONALITY

Citizen of Trinidad and Tobago US Resident/Green Card Holder Other: _____

If US Resident, please state TIN/Social Security Number (FACTA requirement): _____

Applicant's Birth Certificate

Birth Certificate Pin No: _____ Country of Issue: _____

Parent please provide at least two (2) forms of valid ID:

DP Nat. ID PP # _____

Country of Issue: _____

Issue Date: ___/___/___ (dd/mm/yyyy) Expiry Date: ___/___/___ (dd/mm/yyyy)

DP Nat. ID PP # _____

Country of Issue: _____

Issue Date: ___/___/___ (dd/mm/yyyy) Expiry Date: ___/___/___ (dd/mm/yyyy)

If one of the above is not provided;

Birth Certificate Pin No: _____ Country of Issue: _____

ADDITIONAL DATA

Education Status: Preschool Primary School Secondary School Other

Name & Address of School (if student): _____

Employment Status (**Parent/Guardian of Junior Applicant**):

Permanent Temporary Casual Self Employed Retired Housewife Unemployed

Nature and Place of Business (if self-employed): _____

Name of Current Employer: _____

Address of Employer: _____

Job Title/Occupation: _____ Date of Employment: _____

Pay Cycle: Weekly Fortnightly Monthly

Annual salary range:

\$0-\$120,000 \$120,001-\$300,000 \$300,000 - \$500,000 Over \$500,000

Other Sources of Income: _____

CONTRIBUTION

Shares \$ _____ Deposit \$ _____ Weekly Fortnightly Monthly



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DECLARATIONS

a) Are you a bona fide member of any other Credit Union? Yes No

If yes, please state the name(s): _____

b) Has any Financial Institution ever refused to open an account for you? Yes No

If yes to above, please state which one(s): _____

Politically Exposed Person ("PEP") are defined as individuals who are or have been entrusted with prominent public functions in Trinidad and Tobago, a foreign country, or who is a senior member of an international organization e.g., Heads of States or of Governments, senior politicians, senior Government/Judicial/Military Officers, Senior Executives and Officials of state owned corporations, Senior/Executive political party officials or the sibling, spouse, parent, children and the parents, sibling, and additional children of the person's spouse or any individual publicly known or actually known by the AGECU to be a close personal or professional associate of the PEP

c) Are you or a direct relative a Politically Exposed Person (PEP) Yes No (** If yes, please complete PEP section below.*)

POLITICALLY EXPOSED PERSONS (PEP)

Are you **related** to a PEP or any person holding High Position in Public Office: Yes No

If **yes**, please state relationship: _____

PEP

- | | |
|---|--|
| <input type="checkbox"/> Political Party Official | <input type="checkbox"/> Senior Executive/Official of a State Enterprise |
| <input type="checkbox"/> Minister of Government | <input type="checkbox"/> Diplomat |
| <input type="checkbox"/> Member of Judiciary | <input type="checkbox"/> Senior Official at a Public Authority |
| <input type="checkbox"/> Senior Officer in the Military/Protective Services | |

NOMINATION OF BENEFICIARY

Pursuant to the Co-Operative Societies Act as amended I, _____ (print name) hereby nominate _____ (beneficiary's name), as the person to receive the monies, standing to the credit of my Share and Deposit accounts in said Credit Union at my death, less any indebtedness owing by me to the Credit Union.

Relation to applicant: _____ Date of Birth: ___/___/___ (dd/mm/yyyy)

Mailing Address: _____

Home Tel.: _____ Cell: _____ Work Tel.: _____

DP Nat. ID PP# _____ DP Nat. ID PP # _____

Signature _____ Date Signed ___/___/___

Signature of Parent/Guardian _____ Date Signed ___/___/___

Witnessed by:

Name _____ Signature _____ Date ___/___/___

Name _____ Signature _____ Date ___/___/___

RECOMMENDERS DECLARATION

I _____ (print name) having reasonable knowledge of the character of the applicant, recommend (him/her) for membership in the Angostura Group Employees' Credit Union Co-Operative Society Limited.

Signature _____ Pass book # _____ Date Signed ___/___/___



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CONSENT

I; _____ (print name) declare and confirm that the information provided in this my application for junior membership in the Angostura Group Employees' Credit Union is **TRUE** and **CORRECT** and agree to the retention by the AGEUCU of this application and all documents tendered by me in support of my application.

I hereby authorize and give consent to Angostura Group Employees' Credit Union Co-operative Society Limited to verify any or all information provided on this form.

If accepted as a member I promise to abide by the rules and regulations in existence, and any subsequent bye-laws implemented for the proper conduct of Angostura Group Employees' Credit Union Co-operative Society Limited.

Signature _____ Date Signed ____/____/____ (dd/mm/yyyy)

PARENT/GUARDIAN CONSENT (to be signed by parent/guardian if applicant is unable to do so)

I; _____ (print name) declare and confirm that the information provided in this application for junior membership, on behalf of my child/dependent, in the Angostura Group Employees' Credit Union is **TRUE** and **CORRECT** and agree to the verification and retention by the AGEUCU of this application and all documents tendered by me in support of this application.

If he/she is accepted as a junior member I promise to abide by the rules and regulations in existence, and any subsequent bye-laws implemented for the proper conduct of Angostura Group Employees' Credit Union Co-operative Society Limited.

Signature of Parent/Guardian _____ Date Signed ____/____/____

The Board of Directors of the AGEUCU reserves the right to request any relevant additional information upon consideration of this application.

FOR AGEUCU OFFICIAL USE ONLY

Information Verified by:

Name: _____ Signature: _____ Date: _____

Comments: _____

Reviewed by Manager / Compliance Officer: UN Security Council Listing (UN1267)

Due Diligence on PEP status

Name: _____ Signature: _____ Date: _____

Comments: _____

Member Risk Profile: High Medium Low

APPROVAL OF MEMBERSHIP

Date Accepted: _____ **Board Meeting # :** _____

President: _____

Secretary: _____

Account Details: New Application Member Update

Application Fees Received Yes No Receipt # _____ Date Rec'd: ____/____/____

Passbook Number Assigned: _____ Entered by: _____ Date created: ____/____/____