



# Membership Application Form

## 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 valid Picture Identifications (National Identification, Driver's Permit or Passport). If applicant does not have a **second** form of Identification, please state & sign that you do not possess another form of Picture Identification; a Birth Certificate will be accepted in this instance.
- Proof of Address – A Utility Bill or Bank Statement in **your** 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 stating you are a legal tenant and/or a copy of the Lease Agreement
- Copy of valid identification from Landlord where the member is renting

**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.



# 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: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Common Law

Residential Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Tel.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a relative of an existing member? :  Yes  No

If yes, please state their name: \_\_\_\_\_

## NATIONALITY

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

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

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: \_\_\_\_\_

## EMPLOYMENT DATA

Employment Status:

Permanent  Temporary  Casual  Self Employed  Retired  Unemployed  Student

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

Name & Address of School (if student): \_\_\_\_\_

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/Additional Sources of Income (supporting documents may be required):

\_\_\_\_\_





## Membership Application Form

### DECLARATIONS

- a) Are you a bona fide member of any other Credit Union?  Yes  No  
If yes, please state the name(s): \_\_\_\_\_
- b) Are you currently serving on a Credit Union/State Board of Directors/Committee?  
 Yes  No If yes, please state: \_\_\_\_\_
- c) 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.

- d) 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 PEP? Yes  No

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 # \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date Signed \_\_\_/\_\_\_/\_\_\_

### Witnessed by:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



## Membership Application Form

### CONSENT

I; \_\_\_\_\_ (print name) declare and confirm that the information provided in this my application for membership in the Angostura Group Employees' Credit Union is **TRUE** and **CORRECT** and agree to the retention and verification by the AGECU of this application, the information contained herein 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, in receiving and exchanging any financial and other information which it may have in its possession about me with any of its subsidiaries, agents, third party assignees, other financial institutions, Credit Bureaus or government agencies (as is required by law).

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)

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

### RECOMMENDERS DECLARATION

#### Recommender # 1

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Recommender # 2

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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### FOR AGECU 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:** \_\_\_\_\_

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**Account Details:**  New Application  Member Update

Application Fees Received  Yes  No Receipt # \_\_\_\_\_ Date Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Passbook Number Assigned: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date created: \_\_\_\_/\_\_\_\_/\_\_\_\_