



Angostura Street,
Eastern Main Road, Laventille.
Trinidad, W.I.
P.O. Box 62, Port of Spain, Trinidad
Tel: 623-2101-3, 623-1841-5
Fax: Phone: 625-2662

Societies' 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 AGECU is required by law to obtain the following information from all Co-operative Societies apply for membership to the Credit Union:

Checklist:

- Completed Membership Form
- Letter from secretary indicating the date and board minutes of the resolution to join AGECU
- Copy of Bye Laws
- Recent passport size photo of the representative for the society
- 2 forms of valid Picture Identifications (National Identification, Driver's Permit or Passport) of the representative.

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.



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PLEASE USE BLACK/ BLUE INK & BLOCK LETTERS

Name of Society _____

Address of Society: _____

Mailing Address of Society _____

Office number: _____ Website: _____

Registration number: _____ Date of Registration _____



REPRESENTATIVE OF THE SOCIETY

Name of society representative: _____

FIRST NAME
MIDDLE NAME(S)
SURNAME

Function of society representative: _____

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

Email Address: _____

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:

1. DP Nat. ID PP # _____ Country of Issue: _____

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

2. DP Nat. ID PP # _____ Country of Issue: _____

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

CONTRIBUTION

Shares \$ _____ Deposit \$ _____ Weekly Fortnightly Monthly

CONSENT

I _____ of _____ declare and
 (Print Name) (Society Name)

confirm that the information provided in this application for membership in the Angostura Group Employees' Credit Union is TRUE and CORRECT, is in compliance with the Co-operative Societies Act 81:03 (as amended) and agree to the retention and verification by AGEUCU of this application, the information contained herein and all documents tendered by me in support of the 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 the Society 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 the Society promises 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 Representative _____ Date Signed ___/___/___ (dd/mm/yyyy)

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



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RECOMMENDERS DECLARATION

Recommender # 1 | _____ (print name) having reasonable knowledge of the character of this Society, recommend them for membership in the Angostura Group Employees' Credit Union Co-Operative Society Limited.

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

Recommender # 2 | _____ (print name) having reasonable knowledge of the character of this Society, recommend them for membership in the Angostura Group Employees' Credit Union Co-Operative Society Limited.

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

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: ____/____/____