



TRINIDAD AND TOBAGO POLICE CREDIT UNION CO-OPERATIVE SOCIETY LTD.

BRANCH OFFICE

MEMBERSHIP APPLICATION FORM

Part A

Name of Applicant

Address (Block Letters)

Certified by attached Utility Bill: Yes No

Date of Birth: Cert. No ID/DP/PP #1)
(Copies of Birth Certificate and identification attached) 2)

Email Address: Expiry Date of ID Documents:

Male Female Married Single Other

Phone: Work Home Cell Phone(s)

Name of Employer:
(Payslip and Letter from Employer attached)

Payroll Office Address:

Occupation/Profession BIR #

How Employed: Permanent [] Temporary [] Casual []

How Paid: Monthly [] Fortnightly [] Weekly []

STUDENTS: School Attending:

Address:

Are you a bonafide member of any other Credit Union(s)? Yes [] No []

If yes, please name the Credit Union (s)

I hereby apply for membership of the Trinidad & Tobago Police Service Credit Union and agree to abide by the existing bye-laws of the society and the laws of Trinidad and Tobago.

I am aware that I am not a bona fide member of the credit union until this application is approved by the Board and I am so advised in writing. The information supplied on this form is correct.

Signature of Applicant: Date:

Recommended by: Acc. No:
N.B Recommender must be a member of good standing

Signature of Recommender:

Address of Recommender:

Share Savings	<input type="text"/>
Deposit Account	<input type="text"/>
LINCU Visa Card	<input type="text"/>
Group Health	<input type="text"/>
Group Life	<input type="text"/>
CUNA	<input type="text"/>
Entrance Fee (Applies to first payment only)	<input type="text"/>
Total	<input type="text"/>

SECRETARY

PRESIDENT

DATE APPROVED

The Board of Director reserves the right to request additional information upon consideration of this application



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Part B:

NOMINATION CERTIFICATE

In the event of death, I _____, Account No: _____,

hereby nominate _____

of _____

to receive a sum not exceeding \$5,000.00 in accordance with section 13(iv) of Bye-laws of the society.

Signature of Applicant: _____

Date: _____

Name of Witness (Block Letters)

Signature of Witness

Address of Witness

Name of Witness (Block Letters)

Signature of Witness

Address Of Witness

Part C:

Questionnaire to be completed in accordance with the Laws of Trinidad and Tobago relative to ‘Know Your Customers’

Please complete by ticking the boxes below that are applicable to you:

1. T & T National Yes No

2. U.S. Resident Yes No

3. Other (Please State) _____

If Yes to #2 state your IRS Tax Number _____

Please state if you are any of the following:

Director on a State Board Yes No

Minister of Government Yes No

Diplomat Yes No

A member of the Judiciary Yes No

A Senior Official employed at a Public Authority Yes No

Occupy a senior role/position with the Military Service Yes No

The Board of Director reserves the right to request additional information upon consideration of this application