



ESTABLISHED 25TH MAY, 1950

Motto: Progress through Self Reliance

Reg. 17<sup>th</sup> June, 1950

Reg. No. 82

## MEMBERSHIP APPLICATION FORM

ALL QUESTIONS MUST BE ANSWERED

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

## PERSONAL INFORMATION

I \_\_\_\_\_  
(NAME OF APPLICANT)

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

DATE OF BIRTH: DD / MM / YY GENDER: ☐ M ☐ F

PLACE OF BIRTH: \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ NATIONAL ☐ NON-NATIONAL ☐  
RESIDENT ☐ NON-RESIDENT ☐

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED ☐ COMMON-LAW

	ISSUE DATE DD/MM/YY	EXPIRY DATE DD/MM/YY	COUNTRY OF ISSUANCE
NATIONAL IDENTIFICATION	_____	_____	_____
DIVER'S PERMIT	_____	_____	_____
PASSPORT	_____	_____	_____
BIRTH CERTIFICATE PIN NO.	_____	COUNTRY OF ISSUANCE _____	

HOME PHONE NO. \_\_\_\_\_ MOBILE NO. (1) \_\_\_\_\_ MOBILE NO. (2) \_\_\_\_\_

WORK PHONE NO. (1) \_\_\_\_\_ WORK PHONE NO. (2) \_\_\_\_\_ FAX NO. \_\_\_\_\_

EXTENSION \_\_\_\_\_ EXTENSION \_\_\_\_\_ EXTENSION \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (WORK) EMAIL ADDRESS: \_\_\_\_\_ (PERSONAL)

## EMPLOYMENT STATUS

EMPLOYMENT STATUS (Please Tick All That Applies)

☐ PERMANENT ☐ TEMPORARY ☐ CASUAL ☐ CONTRACT ☐ SELF EMPLOYED ☐ UNEMPLOYED ☐ RETIRED

NAME OF EMPLOYER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ BRANCH: \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SALARY: ☐ MONTHLY ☐ FORTNIGHTLY ☐ WEEKLY

IF SELF-EMPLOYED, NATURE OF BUSINESS: \_\_\_\_\_ SALARY/INCOME: ☐ MONTHLY ☐ FORTNIGHTLY ☐ WEEKLY

OCCUPATIONAL INCOME: \_\_\_\_\_ BIR NO.: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

IF RETIRED, STATE DATE OF RETIREMENT. DD / MM / YY

RECOMMENDED BY: \_\_\_\_\_ NAME IN BLOCK LETTERS SIGNATURE \_\_\_\_\_

CREDIT UNION ACCT. NO.: \_\_\_\_\_ NID/PP/DP NO.: \_\_\_\_\_

## GENERAL INFORMATION

1. WHY DO YOU WANT TO BE A MEMBER? STATE REASON.  
\_\_\_\_\_
2. WERE YOU PREVIOUSLY A MEMBER OF THIS CREDIT UNION? ☐ YES ☐ NO
3. IF YES, DID YOU RESIGN? ☐ YES ☐ NO. IF YES, STATE REASON.  
\_\_\_\_\_

**GENERAL INFORMATION CONT'D**

4. WERE YOU EXPELLED? ☐ YES ☐ NO. IF YES, STATE REASON. \_\_\_\_\_
5. HOW LONG HAVE YOU BEEN EMPLOYED? STATE DATE JOINED COMPANY. \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY
6. HOW DID YOU HEAR ABOUT THE CREDIT UNION? ☐ WEBSITE ☐ SOCIAL MEDIA ☐ RELATIVE ☐ FRIEND  
☐ OTHER
7. IF RELATIVE, GIVE NAME AND RELATIONSHIP | IF OTHER, PLEASE STATE. \_\_\_\_\_

**POLITICALLY EXPOSED PERSON**

PURSUANT TO REGULATION 20 (1), (iii) OF THE FINANCIAL OBLIGATIONS REGULATIONS 2010.

"POLITICALLY EXPOSED PERSON" MEANS A PERSON WHO IS OR WAS ENTRUSTED  
WITH A PROMINENT PUBLIC FUNCTION

THE FOLLOWING QUESTIONS MUST BE ANSWERED

**PLEASE TICK IF YOU FALL INTO ANY OF THESE CATEGORIES:**

Are you an INDIVIDUAL, or the IMMEDIATE FAMILY of, or a  
CLOSE PERSONAL/PROFESSIONAL ASSOCIATE of:

**Head of State**☐ YES ☐ NO**Head of Government**☐ YES ☐ NO

**Senior Politicians** [eg. Parliament Members (national, local or THA elections), Senators,  
Appointed to serve in the THA under the THA Act, Alderman in a Municipality or Regional  
Corporation under the Municipal Corporations Act]

☐ YES ☐ NO

**Senior Government Official** [eg. Permanent Secretary, Accounting Officer under the Exchequer  
& Audit Act, or holding equivalent positions in a foreign country]

☐ YES ☐ NO

**Senior Judicial Official** [eg. Chief Justice, Judges of the Supreme Court (Appeal & High Court Judges),  
Masters of the Supreme Court, Industrial Court Judges, Caribbean Court of Justice Judges,  
The Registrar, Deputy Registrar, Assistant Registrar, Chief Magistrate, Deputy Chief Magistrates  
and Magistrates of the Magistracy]

☐ YES ☐ NO

**Senior Military Officials** [eg. Defence Force - Major General, Brigadier General, Colonel, Lieutenant Colonel,  
**Air Guard** - Group Captain, Wing Commander, Squadron Leader, Coast Guard - Rear Admiral,  
Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force]

☐ YES ☐ NO

**Senior Executive of State Owned Corporations** - [eg. Chairman, Deputy Chairman, President or Vice  
President of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other  
person who is duly appointed to perform functions similar to those normally performed by the holder of  
any office specified]

☐ YES ☐ NO

**Important Political Party Official** [eg. Chairman, Deputy Chairman, Secretary, Treasurer of a political party  
registered under the Representation of the People Act or individuals holding equivalent positions in a foreign  
country]

☐ YES ☐ NO

**Immediate Family Member of Individuals described above** [eg. Spouse, Parent, Siblings, Children &  
Children of the Spouse of that person]

☐ YES ☐ NO

**Persons who are or have been entrusted with prominent functions by an international organisation  
which refers to members of senior management** [eg. directors and members of the board or  
equivalent functions]

☐ YES ☐ NO**Close personal or professional associate of the PEP**☐ YES ☐ NOIf You have answered yes to any of the questions above please complete the **Enhanced Due Diligence** form**NOMINATION OF BENEFICIARIES**

IN EVENT OF SICKNESS, DISABILITY OR DEATH I HEREBY NOMINATE THE FOLLOWING PERSON, TO RECEIVE  
ANY MONIES DUE TO ME FROM THE SOCIETY.

MR/MRS/MS: \_\_\_\_\_  
NAME HOME ADDRESS RELATIONSHIP ID/DP/PP No.

MR/MRS/MS: \_\_\_\_\_  
NAME HOME ADDRESS RELATIONSHIP ID/DP/PP No.

MR/MRS/MS: \_\_\_\_\_  
NAME HOME ADDRESS RELATIONSHIP ID/DP/PP No.

APPLICANT'S SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
NAME IN BLOCK LETTERS

SIGNATURE



# TWCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

ESTABLISHED 25TH MAY, 1950

*Motto: Progress through Self Reliance*

Reg. 17<sup>th</sup> June, 1950

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### AUTHORIZATION FOR COLLECTION OF CREDIT UNION PAYMENTS

\_\_\_\_\_ hereby authorize the

NAME OF FIRM

to deduct from my wages **weekly/fortnightly/monthly**, commencing \_\_\_\_\_  
and until further notice the sum of \_\_\_\_\_  
dollars (\$) ) and to pay same to "TWCU Credit Union Co-operative Society Limited". This authorization  
replaces any previous authorization I have signed. The above monies represents my **weekly/fortnightly/monthly payments** to be  
remitted to TWCU Credit Union Co-operative Society Limited to be allocated as follows, and agree that these amounts  
shall not be changed without the authorization of the Credit Union.

#### ACCOUNT

SHARES

#### AMOUNT

\$ \_\_\_\_\_

DEPOSITS

\$ \_\_\_\_\_

SPOUSE

\$ \_\_\_\_\_

YOUTH

\$ \_\_\_\_\_

OTHER

Specify \_\_\_\_\_

\$ \_\_\_\_\_

#### TOTAL

\$ \_\_\_\_\_

I hereby authorize and give consent to TWCU 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 other person or Corporation or with whom I may have or propose to have financial dealings from time to time. In addition, I/We also give TWCU Credit Union Co-operative Society Limited, permission to obtain any credit report on My financial position from time to time throughout the duration of any loans being held with the organization. I indemnify TWCU Credit Union Co-operative Society Limited against any loss, claims, damages, liabilities, actions and proceedings, legal and or other expense which may be directly and reasonably incurred as a consequence of the disclosure of the financial information.

MEMBER'S SIGNATURE

PRNO/ACCNO

OFFICIAL OF  
TWCU CREDIT UNION  
CO-OPERATIVE SOCIETY LIMITED

DATE





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## FOR OFFICIAL USE ONLY

## BOARD APPROVAL

PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

DATE APPROVED AT BOARD MEETING: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

ACCT. NO. ASSIGNED \_\_\_\_\_

AUTHORIZED OFFICER: \_\_\_\_\_  
NAME IN BLOCK LETTERS

SIGNATURE \_\_\_\_\_

AFFIX STAMP: \_\_\_\_\_

DATE JOINED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

## COMPLIANCE DUE DILIGENCE

## New Member Referred Against The Following:

- ☐ Update of UN Security Council ISIL (Da'esh) and Al-Qaida Sanctions List as at: \_\_\_\_\_ Date
- ☐ T&T list of Consolidated Court Order (S.228(3) of ANTI-TERRORISM ACT, CH. 12:07 as at: \_\_\_\_\_ Date
- ☐ Office of Foreign Assets Control (OFAC) as at: \_\_\_\_\_ Date
- ☐ Caribbean Financial Action Task Force (CFATF) Public Statements, as at: \_\_\_\_\_ Date
- ☐ The Financial Action Task Force (FATF) Public Statements as at: \_\_\_\_\_ Date
- ☐ Economic Sanctions Order (ESO) as at: \_\_\_\_\_ Date

RISK: ☐ High ☐ Medium ☐ Low\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Compliance OfficerDOCUMENTS CHECKLIST (Please Provide Original Documents)

- ☐ Two (2) forms of Valid Identification (i.e. National Identification Card, Driver's Permit, Passport)
- ☐ Proof of Address must carry applicant's name (i.e. Utility Bill or Bank Statement in absence of Utility Bill)  
(N.B. If the utility bill is not in the applicant's name, written consent and valid identification are required from the bill owner to use the bill)
- ☐ Beneficiary's Valid Identification (i.e. National Identification Card, Driver's Permit, Passport)
- ☐ Proof of Employment - Job Letter (within 3 months)
- ☐ Proof of Income - Payslip (within 1 month)
- ☐ Self-Employed, Unemployed Person and Retirees - Evidence to support how the account will be funded
- ☐ Applicable to foreigners / non-residents only - A reference letter is required as confirmation/evidence of prospective member's relationship with their foreign bank (legal requirement)