



**The Insurance Industry Credit Union
Co-operative Society Limited**
30 Agra Street • St. James. / T. 217-4428 (IICU) • 217-8233



JUNIOR SAVERS ACCOUNT

TO BE COMPLETED IN BLOCK LETTERS ONLY

I, the undersigned, hereby apply for membership in the above Society for my child. I agree to abide by the Bye-laws and Loan Policy now in force and any subsequent amendments thereto. I also agree, to pay an Entrance/Administration fee of \$30.00 and purchase Ten Shares at \$5.00 each monthly.

PARENT/GUARDIAN INFORMATION

APPLICANT'S NAME	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>																							
	[Grid for Surname]												[Grid for First Name]											
RESIDENTIAL ADDRESS	[Grid for Residential Address]																							
VERIFICATION	<input type="checkbox"/> Utility Bill (i.e. light, water, landline, cable - must be in Member's name and within 6 months) <input type="checkbox"/> Bank Statement																							
POSTAL/MAILING ADDRESS (if different from above)	[Grid for Postal/Mailing Address]																							
TELEPHONE CONTACT	Home								Work								Cell							
	[Grid]								[Grid]								[Grid]							
	[Grid]								[Grid]								[Grid]							
EMAIL ADDRESS	[Grid for Email Address]																							
MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common-law																							
IDENTIFICATION (kindly furnish us with any two)	ID												EXPIRY DATE											
	[Grid]												[Grid]											
	DP												[Grid]											
	PP												[Grid]											
RELATIONSHIP OF APPLICANT TO CHILD	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____																							

PARENT/GUARDIAN EMPLOYMENT INFORMATION

EMPLOYER'S NAME:	[Grid]																						
WORK ADDRESS:	[Grid]																						
PRESENT POSITION:	[Grid]												TELEPHONE:										

CHILD'S INFORMATION

CHILD'S NAME	[Grid for Surname]												[Grid for First Name]												[Grid for Other Name]									
DATE OF BIRTH	[Grid]		[Grid]				[Grid]				[Grid]		[Grid]		[Grid]																			
AGE OF CHILD	[] years [] months																																	
SEX	Male <input type="checkbox"/> Female <input type="checkbox"/>																																	

NOMINATION OF BENEFICIARY

I, _____ of _____
Applicant's Name *Applicant's Address*

_____ *Applicant's Address*

retain Beneficiary status nominate Beneficiary _____
Beneficiary's Name

Relationship of Beneficiary to Child: _____
(specify)

_____ *Beneficiary's Address*

Beneficiary's Telephone Contact: _____
Home *Office* *Mobile*

To receive any monies due to the child by The Insurance Industry Credit Union Co-operative Society Limited, in the event of sickness or death. However, I understand that when the child attains the age of eighteen (18), the child will then have the authority to change this at any time.

POLITICALLY EXPOSED PERSONS DECLARATION

ARE YOU A POLITICALLY EXPOSED PERSON (check ALL that apply):

1. YES NO A current or former senior official in the executive, legislative, administrative or judicial branch of domestic or a foreign government, whether elected or not
2. YES NO A senior official of a major political party
3. YES NO A senior executive of a **domestic** or foreign government-owned commercial enterprise
4. YES NO A senior military official
5. YES NO An immediate family member of a person above in 1-4 (spouse, parents, siblings or children) or the parents, siblings and additional children of the person's spouse.
6. YES NO A close personal or professional associate of the persons mentioned above in 1-4.
7. YES NO Any individual who is or have been entrusted with a prominent function by an international organization such as the UN and affiliates, OAS, IDB, ILO, CFATF, etc.

If Yes, to any of the above please provide details of relationship and complete Statement of Affairs below:

STATEMENT OF AFFAIRS FOR JUNIOR MEMBER IF PEP

CURRENT ASSETS	\$	CURRENT LIABILITIES	\$
Cash on Hand/Bank		Loans =>5yrs	
Stocks Bonds etc.		Short term Loans	
Real Estate (Market Value)		Mortgage Loan	
Motor Vehicle/s (Market Value)		Credit Cards	
Household (Furniture/Fixtures, computer etc.)		Hire Purchase	
Other Assets (Life Ins, etc.)		Other	
Total Assets	\$	Total Liabilities	\$
NET WORTH = \$		NET WORTH = (Total Assets - Total Liabilities)	
DEFICIT = \$		DEFICIT = (Total Liabilities - Total Assets)	

SIGNATURE OF APPLICANT: _____ DATE: _____

WITNESS: _____ WITNESS: _____

FOR OFFICIAL USE ONLY

This application for Membership in the Insurance Industry Credit Union Co-operative Society Limited made by
 (applicant) is hereby approved.

Membership #:

Date on which Beneficiary's claim was made:

Date Approved:

General Manager:

Secretary:.....

President.....

***Standing Order Received:** YES [] NO []

Recommender's Membership #:

Date Documents Dispatched:

Data Entry
Date Entered:
By:
Reviewed By:

MEMBERSHIP CDD (Customer Due Diligence) CONFIRMATION

Referenced against UN Consolidated Lists (1267/2253/1988)	Match: YES []	NO []
Referenced against Trinidad and Tobago Consolidated List of Court Orders (s.22B(3) of ATA)	YES []	NO []
Referenced against Economic Sanctions Order (IRAN)	YES []	NO []
Referenced against Economic Sanctions Order (DPKR)	YES []	NO []
Proof of Address:- Utility Bill, Correspondence from Registered FI- not more than 6 months old; Voter Registration Card or Tax Assessment	YES []	NO []
Two (2) forms of photo ID	YES []	NO []

Authorized by: _____

Position: _____