

DATE:

day

Insurance Industry Credit Union Co-operative Society Limited

30 Agra Street • St. James. / T. 217-4428 (IICU) •217-8233

Membership #

How did you find out about the Credit Union?

□ Other_

 $\ \square \$ another Member

□ Credit Union staff

 \Box Friend

□ Relative

□ Website

APPLICATION FOR MEMBERSHIP

FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

year

month

I,(Name in Block Lett		, of	(Home Add	
hereby apply for membership in The	e Insurance Industry	(Home Address) Credit Union Co-	operative Society Limite	ed.
	MEMBER	SHIP QUALIFIC	CATION	
You are required to submit the follows (2) forms of picture ID and p 1. All persons of good characters	roof of address; ter who are engaged o	or interested in IICU	I and reside in Trinidad a	und Tobago;
 Permanent employees of th Other registered Co-operate 			er; and	
For (3.) above, membership in an	other credit union co	-operative society, a	a recent member stateme	nt is required.
	PF	ERSONAL DATA	4	
Name	Date of Birth	Tel. Contact	Mailing Add	ress (Detailed)
		(H)		
Personal Email Address:		(C)	Dependents: No Yo	es How many?
Identification (State # & Expiry date Driver's Permit, Passport)	of National ID,	Marital Status:	Married Single	Other
National ID:	Expiry:	1	Married Single	Other
Driver's Permit:	Expiry: Country of Birth:			
Passport:	Expiry:	Nationality:		
I DECLARE THE SOURCE OF FU		F FUNDS DECL	ARATION	
	EMP	PLOYMENT DA	TA	
Employer's Name			Employer's Addres	S
Employer's Tel. #		Occupation		How Long Employed
Employment Status Peri	manent [] Contrac	et [] Self Emplo	yed[] Part Time[]	



Insurance Industry Credit Union Co-operative Society Limited

30 Agra Street • St. James. / T. 217-4428 (IICU) •217-8233

Monthly Remuneration				
Under \$5,000 []	\$5,001 - \$10,000	[] \$	510,001 - \$15,000	[]
\$15,001 - \$20,000 []	\$20,001 - \$30,000	[] \$	630,001 - \$40,000	[]
\$40,001 - \$50,000 []	Over \$50,000	[]		
	POLITICALLY EXPOSEI	D PERSONS DECLAI	RATION	
A DE MONA A DOLUMENTA A MARIE	WEGGED DEDGOM (L. J. AM.)			
ARE YOU A POLITICALLY E.	XPOSED PERSON (check ALL tha	t apply):		
 □ YES □ NO A current of government, whether elected of □ YES □ NO A senior of 		e, legislative, administrative	or judicial branch of dom	estic or a foreign
3. □ YES □ NO A senior ex	secutive of a domestic or foreign gover	rnment-owned commercial e	nterprise.	
4. TYES NO A senior m	ilitary official.			
additional children of the pers	ate family member of a person above ion's spouse. resonal or professional associate of the part of th			ents, siblings and
_	dual who is or have been entrusted with			n such as the UN and
affiliates, OAS, IDB, ILO, CF	ATF, etc.			
If Yes, to any of the above ple	ease provide details of relationsh	ip and complete Stateme	ent of Affairs below:	
22 2 45, 00 umj 02 020 u 00 (0 p. 0	Provide demand of remaining	-p		
	STATEMENT O	F AFFAIRS (if P.E.I	?.)	
CURRENT ASSETS	\$	CURRENT LIABILIT	IES \$	
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 Liab	ilities - Total Assets)		
I enclose the sum of \$ following:	i	in respect of the		
Entrance Fee:	\$	Share Deposit:	\$	
Other Share Deposit:	ther Share Deposit: \$ Ot		\$	
TOTAL	\$		<u>_</u>	
	<u>I</u>			
APPLICANT'S SIGNATURE:			DATE:	
NAME OF RECOMMENDER:		SIGNATURE OF RE	ECOMMENDER:	



Insurance Industry Credit Union Co-operative Society Limited

30 Agra Street • St. James. / T. 217-4428 (IICU) •217-8233

	VOLUNTEER IN	TORMATION	
Would you be interested in serving of	on the Credit Union's Board or o	one of our Committees?	
□ Yes □ No			
Please indicate any special skill you	n may possess. This information	would be of benefit when	re Election and general education is concerned.
	APPOINTMENT OF NON	MINEE/ BENEFICIA	ARY
In the event of my death, I,		do hereby nominate	·
((Relationship to Applicant)) of		to receive any money
accruing to me in the Society.			
Nominee Data			
Name	Date of Birth	Tel. Contact	Mailing Address (Detailed)
		(H)	
		(C)	
Identification # (state if DP, Passport	, National ID or Birth Certificate)	(W)	
		Gender:	Male [] Female []
I,	hereby a	apply for membership i	n The Insurance Industry Credit Union
	declare and confirm that the in	formation given in this	Membership Application Form is true and
agree to deposit only valid items in	to my account and to refrain fro	om using the account for	eneficially owned by me and no one else. I or Money Laundering, Terrorist Financing,
any other criminal activities, specific Money Laundering, Drug Traffickin			acts. I confirm that that I am not engaged in tivities.
			rations of The Insurance Industry Credit uments tendered by me in support of this
Applicant's Signature:			Date:
Witnessed By:	Signature:		Date:
Witnessed By:	Signature:		Date:

Membership shall commence from the date of approval by the Board subject to payment of a non-refundable Entrance Fee of Thirty Dollars (\$30.00) and One hundred Dollars (\$100.00) toward the purchase of shares.



Insurance Industry Credit Union Co-operative Society Limited

30 Agra Street • St. James. / T. 217-4428 (IICU) •217-8233

FOR OFFICIAL US	SE ONLY		
This application for Membership in The Insurance Industry Credit Union	n Co-operative Society Limited made by		
	(applicant) is hereby approved.		
Membership #:	Data Entry		
•	Date Entered:		
Date Approved:	Ву:		
Secretary:	Reviewed By:		
President:	*Standing Order received: YES [] NO		
Recommender's Membership #:	Date Documents Dispatched:		
Member Risk Profile: High ☐ Medium ☐ Lov MEMBERSHIP CDD (Customer Due)	v □ Diligence) CONFIRMATION		
	Match:		
Referenced against UN Consolidated List (1267/2253/1988)	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; www.ebctt.com or Tax Assessment	YES[] NO[]		
Two Forms of photo ID	YES[] NO[]		
	YES[] NO[]		

^{*}Standing order should include a minimum monthly contribution of \$50.00 towards share deposit.