



Insurance Industry Credit Union Co-operative Society Limited

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

Membership #

APPLICATION FOR MEMBERSHIP

FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

DATE:

<i>day</i>			<i>month</i>			<i>year</i>			

How did you find out about the Credit Union?

- ☐ Friend ☐ another Member
☐ Relative ☐ Credit Union staff
☐ Website ☐ Other _____

I, _____, of _____
(Name in Block Letters) (Home Address)

_____ (Home Address)

hereby apply for membership in **The Insurance Industry Credit Union Co-operative Society Limited.**

MEMBERSHIP QUALIFICATION

You are required to submit the following documents in support of your application:

Two (2) forms of picture ID and proof of address;

- All persons of good character who are engaged or interested in IICU and reside in Trinidad and Tobago;*
- Permanent employees of the Society who are 18 years of age and over; and*
- Other registered Co-operative Societies in Trinidad and Tobago*

For (3.) above, membership in another credit union co-operative society, a recent member statement is required.

PERSONAL DATA

Name	Date of Birth	Tel. Contact	Mailing Address (Detailed)
	 (H)	
Personal Email Address:	 (C)	Dependents: No <input type="checkbox"/> Yes <input type="checkbox"/> How many? ____
Identification (State # & Expiry date of National ID, Driver's Permit, Passport)		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other	
National ID: _____	Expiry: _____		
Driver's Permit: _____	Expiry: _____	Country of Birth: _____	
Passport: _____	Expiry: _____	Nationality: _____	

SOURCE OF FUNDS DECLARATION

I DECLARE THE SOURCE OF FUNDS FOR THIS ACCOUNT IS:-

EMPLOYMENT DATA

Employer's Name	Employer's Address		
Employer's Tel. #	Occupation		How Long Employed
Employment Status	Permanent [<input type="checkbox"/>] Contract [<input type="checkbox"/>] Self Employed [<input type="checkbox"/>] Part Time [<input type="checkbox"/>]		





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VOLUNTEER INFORMATION

Would you be interested in serving on the Credit Union’s Board or one of our Committees?

☐ Yes ☐ No

Please indicate any *special skill* you may possess. This information would be of benefit where Election and general education is concerned.

APPOINTMENT OF NOMINEE/ BENEFICIARY

In the event of my death, I, do hereby nominate

(.....) of to receive any money
(Relationship to Applicant)

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 apply for membership in **The Insurance Industry Credit Union Co-operative Society Limited** and declare and confirm that the information given in this Membership Application Form is true and correct. I have not assumed the identity of any other person and the funds deposited are beneficially owned by me and no one else. I agree to deposit only valid items into my account and to refrain from using the account for Money Laundering, Terrorist Financing, any other criminal activities, specified offences or for furthering criminal purposes or conducts. I confirm that that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft, or any other crimes or illicit activities.

I promise to abide by the terms of the Statutory Provisions and bye-laws governing the operations of **The Insurance Industry Credit Union Co-operative Society Limited**, and the retention of this application and all documents tendered by me in support of this application by the Credit Union.

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.



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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 Approved:

Secretary:.....

President:.....

Recommender's Membership #:

Member Risk Profile: High ☐ Medium ☐ Low ☐

Data Entry
Date Entered:
By:
Reviewed By:

*Standing Order received: YES [] NO []

Date Documents Dispatched:

MEMBERSHIP CDD (Customer Due Diligence) CONFIRMATION

Referenced against UN Consolidated List (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; www.ebctt.com or Tax Assessment	YES []	NO []
Two Forms of photo ID	YES []	NO []

Authorized by:_____

Position: _____

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