

Application for

Membership

Volunteer Information

☐ Board of Directors ☐ Credit Committee

☐ Supervisory Committee ☐ Other



How did you find out about the Credit Union?

☐ Friend ☐ Another Member

☐ Relative ☐ Credit Union Staff

☐ Social Media ☐ Other_____

30 Agra Street, St. James. | 217-4428 (IICU) or 217-8233 | www.iicutt.com

FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

MEMBERSHIP REQUIREMENTS

- 1. Two (2) forms of picture ID
- 2. Proof of Address (if not in your name, provide an authorization letter)
- 3. All persons of good character who are engaged or interested in IICU and reside in Trinidad and Tobago
- 4. Permanent employees of the Society who are 18 years of age and over
- 5. ID for Nominee (if available)
- 6. Non-refundable Entrance Fee of Thirty Dollars (\$30.00) and One hundred Dollars (\$100.00) toward the purchase of shares.
- 7. A member shall be required to contribute a minimum monthly amount of fifty dollars (\$50.00) towards Shares Deposit.

PERSONAL DATA

Name: _____

Personal Email Address: _____

Identification (State # & Expiry Date of National ID, Driver's Permit, Passport)

National ID: _____ Expiry: ____/____/____

Driver's Permit: _____ Expiry: ____/____/____

Passport: _____ Expiry: ____/____/____

Tel. Contact

_____(H)

_____(C)

_____(W)

Marital Status: ☐ Married ☐ Single ☐ Other

Country of Birth: _____

Nationality: _____

Mailing Address (Detailed):

Date of Birth ____/____/____

EMPLOYMENT DATA

Employer's Name: _____

Employer's Address: _____

Employer's Tel. # _____

Occupation: _____

How Long Employed: _____

Employment Status: ☐ Permanent ☐ Contract ☐ Self Employed ☐ Part Time

Monthly Remuneration: ☐ Less than \$5,000 ☐ Between \$5,000 to \$10,000 ☐ More than \$10,000

APPOINTMENT OF NOMINEE/BENEFICIARY

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

Nominee	Relationship	Percentage (%)	Contact

to receive any money accruing to me in the society.

Applicant Signature: _____ Date: _____

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.

STATEMENT OF AFFAIRS (IF PEP)

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

☐ Savings ☐ Salary

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

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 Insurance etc.)	_____	Other	_____
Total Assets	\$ _____	Total Liabilities	\$ _____

NET WORTH (Total Assets – Total Liabilities) = \$ _____

DEFICIT (Total Liabilities – Total Assets) = \$ _____

DECLARATION

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: _____

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.

MEMBERSHIP CUSTOMER DUE DILIGENCE (CDD) CONFIRMATION

- Referenced against Trinidad and Tobago Consolidated List of Court Orders (s.22B(3) of ATA – Match: ☐ Yes ☐ No
- Referenced against UN Consolidated List (1267/2253 /1988) – Match: ☐ Yes ☐ No
- Referenced against Economic Sanctions Order (IRAN) – Match: ☐ Yes ☐ No
- Referenced against Economic Sanctions Order (DPKR) – Match: ☐ Yes ☐ No
- Proof of Address:- Utility Bill, Correspondence from Registered FI – not more than 3 months old; www.ebctt.com or Tax Assessment ☐ Yes ☐ No
- Two (2) Forms of Photo ID ☐ Yes ☐ No

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 ☐

Authorized by: _____ Position: _____ Date: _____

Data Entry

Date Entered: _____

By: _____

Reviewed By: _____