

Application for
Junior Savers Account



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 (\$20.00) 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.

PARENT/GUARDIAN DATA

Name: _____
Surname First Other

Residential Address: _____

Mailing Address:
(if different from above) _____

Verification: ☐ Utility Bill (i.e. light, water, landline, cable - must be in Member's name and within 3 months) ☐ Bank Statement

Telephone: _____(H) _____(C) _____(W) Personal Email Address: _____

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

National ID: _____ Expiry: ____/____/____ Nationality: _____

Driver's Permit: _____ Expiry: ____/____/____ Relationship of Applicant to Child: ☐ Mother ☐ Father ☐ Other (specify) _____

Passport: _____ Expiry: ____/____/____

PARENT/GUARDIAN EMPLOYMENT DATA

Employer's Name: _____ Work Address: _____

Employer's Tel. # _____ Present Position: _____

CHILD'S DATA

Name: _____
Surname First Other

Date of Birth: ____/____/____ Age of Child: _____ Years Months Sex: ☐ Male ☐ Female Nationality: _____

APPOINTMENT OF NOMINEE/BENEFICIARY

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

_____ retain Beneficiary status ☐ nominate Beneficiary

Applicant's Address

Relationship of Beneficiary to Child: _____
Beneficiary's Name Specify

Beneficiary's Address

Beneficiary's Telephone Contact: _____(H) _____(W) _____(C)

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.

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)

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, 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 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.

Signature: _____ Date: _____

Witnessed By: _____ Signature: _____ Date: _____

MEMBERSHIP CUSTOMER DUE DILIGENCE (CDD) CONFIRMATION

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