



MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION (ALL FIELDS ARE MANDATORY)

Last Name		First and Middle Name		Country Of Birth	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Home Address				Email Address	
<input type="text"/>				<input type="text"/>	
<input type="text"/>				Postal Code	
<input type="text"/>				<input type="text"/>	
Mailing Address (if different from Home Address)				Date Of Birth	
<input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Gender		Marital Status		D D M M Y Y	
<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Phone				Dwelling Type	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
Nationality		Immigration Status Reference Letter from Foreign Bank is required			
<input type="text"/>		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Dual Citizenship			
Identification Card #		Driver's Permit #	Passport #	Birth Certificate Pin	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

ADDITIONAL PERSONAL DATA IF YOU ARE UNDER 18

School Name		Form/Class/Year	
<input type="text"/>		<input type="text"/>	
School Address		Major/Minor	
<input type="text"/>		<input type="text"/>	
(College/University Students ONLY)			

APPLICANT IS A MINOR (UNDER 16 YEARS)

Parent's Name		Occupation of Parent	
<input type="text"/>		<input type="text"/>	
Parent's Place of Work		Phone Number of Parent	
<input type="text"/>		<input type="text"/>	
Parent's Home Address		Parent ID # (Passport, Driver's Permit, ID) Provide copy of 2 IDs	
<input type="text"/>		<input type="text"/>	
Minor's Address (if different)		Relationship to Applicant/Minor	
<input type="text"/>		<input type="text"/>	

EMPLOYMENT INFORMATION

Employer Name

Job Title

Date of Employment

Employer Address

Work Phone Number

Employment Status

- Permanent Temporary
 Casual Unemployed
 Retired Housemaker
 Contract Self Employed
 Child/
Student

Pay Cycle

- Monthly
 Fortnightly
 Weekly

Evidence of Employment

- Job Letter
 Pay Slip
 Employment Contract
 Other

Range of Income

- Under TT\$5000
per month
 TT\$5,001- TT\$15,000
per month
 TT\$15,001 -TT\$30,000
per month
 Over TT\$30,000
per month

Name of Business

Range of Assets

- Under TT\$100,000 TT\$100,001 - TT\$250,000 TT\$250,001- TT\$350,000 TT\$350,001- TT\$500,000
 Over TT\$500,000

Other means of employment/Source of income

(Members who are Small Business owners must provide copies of relevant supporting documents such as their Certificate of Incorporation or Business Registration, Articles of Incorporation, or Licenses as applicable)

If self employed, name/nature of business

Income

FOREIGN NATIONALS

Foreign Bank Name

Foreign Bank Phone Number

Foreign Bank Address

Foreign Bank Account Number

Type of Reference Received

Authority Type

FINANCIAL OBLIGATION REGULATION AND DECLARATION

Are you a Business Owner? Yes No Beneficial Fiduciary Other Legal Arrangements

Registered Business Name

Registration Number

Business Address

Business Phone Number

Are you a Member of another Credit Union in T&T? Yes No

If Yes, name the Credit Union?

Are you presently serving on a Credit Union/State Board of Directors/ Committee in T&T? Yes No

If Yes, Name of Board/Committee?

POLITICALLY EXPOSED PERSONS (PEP)

Are you a Politically Exposed Person (PEP)? Yes No

An individual who is or was entrusted with prominent public functions by a foreign country or domestically in Trinidad and Tobago and refers to any category/relative/associate from this list: (tick where applicable)

- Head of State Head of Government
- Senior Members of the Legislature e.g. Speaker of the House & President of State
- Senior Politicians e.g. Members of Parliament, Government Ministers, Mayors, Leader of Opposition, Chairman & Chief Secretary of the THA, Parliamentary Secretaries
- Senior Government Officials e.g. Permanent Secretaries, Chief Technical Officers & Ambassador or High Commissioner, Assistant Commissioner of Police or Higher Rank
- Judicial Officials e.g. Magistrates, Judges of the Supreme Court, Judges of the Industrial Court, Judges of the Caribbean Court of Justice
- Military Officials - Lieutenant Colonel or Higher Rank
- Senior Executives of State-Owned Corporation e.g. Members of the Board of all Statutory Bodies and State Enterprises including the Controlling interest of State
- Senior political party officials e.g. Chairman, Political Leader & Deputy Political Leader

If Yes, to any of the above:

Position Held:

Organization:

DECLARATION

I hereby apply for membership in the NEAL & MASSY CREDIT UNION CO-OPERATIVE SOCIETY LIMITED, and if admitted, I agree to conform to the Bye-Laws or amendments thereof of the said Society, and pledge to offer my skills toward further growth of the Credit Union.

Herewith please find the sum of Proposed Share Subscription: \$ Monthly
Forthnightly
Weekly

Method of Payment: Payroll Direct Payment Other

Employment Data: Massy Group Government Private Self-employed Other

Relationship to Recommender: Family Specify Relationship

Recommended by (Name)

Recommended by (Signature)

Signature of Applicant

Date

NOMINATION OF BENEFICIARY #1

Where minors are named as beneficiaries, the member is advised to nominate a trustee or to have a Will prepared. Failure to do so may mean that settlement of benefits cannot be effected until the minor attains the age of majority. Pursuant to the Co-operative Act as amended, I hereby nominate:

Name

Relationship to you

Date of Birth

ID CARD #

Email Address

Address

Contact Number

to receive

% of my benefits in the Society

Trustee

Email

Contact Number

NOMINATION OF BENEFICIARY #2

Where minors are named as beneficiaries, the member is advised to nominate a trustee or to have a Will prepared. Failure to do so may mean that settlement of benefits cannot be effected until the minor attains the age of majority. Pursuant to the Co-operative Act as amended, I hereby nominate:

Name			Relationship to you	
Date of Birth	ID CARD #	Email Address		
Address				
Contact Number		to receive		% of my benefits in the Society
Trustee	Email	Contact Number		

Under the current legislation, a duly named nominee of a deceased member of the Society is entitled to the sum of \$50,000.00 of the unencumbered money due to death of the said member of the Society.

The above is paid within one (1) year of the member's death.

SIGNATURE OF APPLICANT

Dated at this day of 20

(Day) (Month) (Year)

Witness 1 Witness 1

(Name in BLOCK letters) Signature

Witness 2 Witness 2

(Name in BLOCK letters) Signature

Signature of Applicant

FOR OFFICIAL USE

Member's Risk Profile High Medium Low

Member's Due Diligence:

Referenced Against UN2253 Yes No | Evidence of Employment Yes No

Referenced Against Other List (CFATF/FATF) Yes No | Utility Bill Yes No

Membership Approved

Membership Denied

Checked by

COMPLIANCE OFFICER SIGNATURE

Chairman

Membership Account No.

Secretary

The account number noted on this APPLICATION FORM IS THE NUMERICAL REFERENCE throughout the Society Records and would be used for any transactions thereafter. The applicant's name has been referenced against UN2253 list, ISIL (Da'esh) and Al-Qaida Sanctions and FATF Recommendations of NCCT's and the Consolidated List of Court Orders issued by the High Court of Justice of the Republic of Trinidad and Tobago.

Account Opened by:

Date: