



Neal & Massy Credit Union Co-operative Society Limited

APPLICATION FOR MEMBERSHIP

Telephone : 624-6428
625-9455 / 627-3412
E-mail: memberservices@nmncu.coop

PERSONAL DATA

FIRST NAME SURNAME OTHER NAME

PHONE (H) (W) (C) EMAIL

HOME ADDRESS

MAILING ADDRESS

DWELLING STATUS: Own Rent Board Other ADDRESS/TYPE VERIFIED UTILITY BILL

MARITAL STATUS Single Married Divorced Separated Common Law Widow Widower

DATE OF BIRTH / / MALE FEMALE PLACE OF BIRTH

NATIONALITY: RESIDENT NON-RESIDENT
(Reference Letter from Foreign Bank is required) DUAL CITIZEN
(Reference Letter from Foreign Bank is required)

I.D. No. Passport No. Driver's Permit No.

B.I.R. No. N.I.S. No. Birth Certificate Pin

STUDENT APPLICATION

SCHOOL NAME FORM/CLASS/YEAR

SCHOOL ADDRESS Adult Minor

IF UNDER 16 YEARS

PARENT'S NAME OCCUPATION

PARENT'S PLACE OF WORK PHONE NO. (W) Ext.

PARENT'S HOME ADDRESS (H) (C)

CHILD'S ADDRESS (if different) PARENT'S I.D. NO.

EMPLOYMENT DATA

EMPLOYER JOB TITLE DATE OF EMPLOYMENT

EMPLOYER ADDRESS PHONE NO. (W)

EMPLOYMENT STATUS Permanent Temporary Casual Self Employed Child/Student

Retired Housewife Contract Unemployed

EVIDENCE OF EMPLOYMENT Job Letter Pay Slip Contract Bank Statement Other

If self employed, name/nature of business INCOME

SALARY Monthly Fortnightly Weekly

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 Association, License or Government issued badges as applicable).

RANGE OF INCOME Under TT\$5,000 per month TT\$5,001 - TT\$15,000 per month Over TT\$15,000 per month

RANGE OF ASSETS Under TT\$100,000 TT\$100,001 - TT\$250,000 Over TT\$250,001

FOREIGN NATIONALS

Foreign Bank Name Foreign Bank Phone No.

Foreign Bank Address Foreign Bank Account No.

Type Reference Received Authority Type

FINANCIAL OBLIGATION REGULATION

Are You a Business Owner? Yes No Beneficial Fiduciary Other Legal Arrangement

Registered Business Name Registration No.

Business Address Business Phone No.

Are You a Member of Another Credit Union? Yes No If Yes, Name of Credit Union

Are You Serving on a Credit Union / State Board of Directors / Committee? 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:

- Head of State
 Head of Government
 Senior Members of the Legislature e.g. Speaker of the House & President of Senate
 Senior Politicians e.g. Members of Parliament, Government Ministers, Mayors, Leader of Opposition, Chairman & Chief Secratry of the THA, Parliamentary Secretaries
 Senior Government Officials e.g. Permanent Secretaries, Chief Technical Officers & Ambassador or High Comissioner, Assistant Commissioner of Police or Higher Rank
 Judicial Officials e.g. Migistrates, 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 Boards 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, Identify Means

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 Fortnightly Weekly

Method of Payment Payroll Direct Payment Other

TYPE OF MEMBERSHIP :- Group Employee Retired Employee Ex-Employee Associated Companies

RELATIONSHIP TO MEMBER :- Family Non-Family Specify Relationship.....

Recommended By (Name) Member Staff Relative Other

Signature of Applicant

Date

NOMINATION OF BENEFICIARY

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 MARITAL STATUS Single Married Divorced Separated Common Law Widow Widower

Address

as the person to receive the monies, standing to the Credit of my shares and deposit accounts in the said Credit Union, at my death less any indebtedness owing by me to the Credit Union, "a sum not exceeding \$5,000 at the time of death". Sec. 41(3) Co-op So. Act. Chp 81.03.

DATED AT THIS DAY OF 20 (Location) (Day) (Month) (Year)

WITNESS 1 (Name in BLOCK letters)

WITNESS 1 Signature

WITNESS 2 (Name in BLOCK letters)

WITNESS 2 Signature

Signature of Applicant

MEMBER'S RISK PROFILE HIGH MEDIUM LOW

FOR OFFICIAL USE

MEMBER DUE DILIGENCE

REFERENCED AGAINST UN2253 LIST Yes No REFERENCED AGAINST OTHER LIST (CFATF/FATF) Yes No EVIDENCE OF EMPLOYMENT Yes No UTILITY BILL Yes No

CHECKED BY COMPLIANCE OFFICER SIGNATURE

DATE

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