



MEMBERSHIP APPLICATION FORM

ALL QUESTIONS MUST BE ANSWERED

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

PERSONAL INFORMATION

I (NAME OF APPLICANT)
HOME ADDRESS:
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)
DATE OF BIRTH: DD/MM/YY GENDER: M F
PLACE OF BIRTH: TOWN/CITY COUNTRY
NATIONALITY: NATIONAL NON-NATIONAL RESIDENT NON-RESIDENT
MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPARATED COMMON-LAW
NATIONAL IDENTIFICATION ISSUE DATE EXPIRY DATE COUNTRY OF ISSUANCE
DRIVER'S PERMIT ISSUE DATE EXPIRY DATE COUNTRY OF ISSUANCE
PASSPORT ISSUE DATE EXPIRY DATE COUNTRY OF ISSUANCE
BIRTH CERTIFICATE PIN NO. COUNTRY OF ISSUANCE
HOME PHONE NO. MOBILE NO. (1) MOBILE NO. (2)
WORK PHONE NO. (1) WORK PHONE NO. (2) FAX NO.
EXTENSION EXTENSION EXTENSION
EMAIL ADDRESS: (WORK) EMAIL ADDRESS: (PERSONAL)

EMPLOYMENT STATUS

EMPLOYMENT STATUS (Please Tick All That Applies)
PERMANENT TEMPORARY CASUAL CONTRACT SELF EMPLOYED UNEMPLOYED RETIRED
NAME OF EMPLOYER:
DEPARTMENT: BRANCH: EMPLOYEE NO.:
EMPLOYER'S ADDRESS: TEL.NO.:
OCCUPATION: SALARY: MONTHLY FORTNIGHTLY WEEKLY
IF SELF-EMPLOYED, NATURE OF BUSINESS: SALARY/INCOME: MONTHLY FORTNIGHTLY WEEKLY
OCCUPATIONAL INCOME: BIR NO.:
ADDRESS OF BUSINESS:
IF RETIRED, STATE DATE OF RETIREMENT: DD/MM/YY
RECOMMENDED BY: NAME IN BLOCK LETTERS SIGNATURE
CREDIT UNION ACCT. NO.: NID/PP/DP NO.:

GENERAL INFORMATION

1. WHY DO YOU WANT TO BE A MEMBER? STATE REASON.
2. WERE YOU PREVIOUSLY A MEMBER OF THIS CREDIT UNION? YES NO
3. IF YES, DID YOU RESIGN? YES NO. IF YES, STATE REASON.



TWCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

ESTABLISHED 25TH MAY, 1950

Motto: Progress through Self Reliance

Reg. 17th June, 1950
Reg. No. 82

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NOMINATION OF BENEFICIARIES

IN EVENT OF SICKNESS, DISABILITY OR DEATH I HEREBY NOMINATE THE FOLLOWING PERSON, TO RECEIVE ANY MONIES DUE TO ME FROM THE SOCIETY.

MR/MRS/MS: NAME HOME ADDRESS RELATIONSHIP ID/DP/PP No.

MR/MRS/MS: NAME HOME ADDRESS RELATIONSHIP ID/DP/PP No.

MR/MRS/MS: NAME HOME ADDRESS RELATIONSHIP ID/DP/PP No.

APPLICANT'S SIGNATURE:

WITNESS: NAME IN BLOCK LETTERS SIGNATURE NID/DP/PASSPORT

AUTHORIZATION FOR COLLECTION OF CREDIT UNION PAYMENTS

hereby authorize the NAME OF FIRM

to deduct from my wages weekly/fortnightly/monthly, commencing and until further notice the sum of dollars (\$) and to pay same to "TWCU Credit Union Co-operative Society Limited". This authorization replaces any previous authorization I have signed. The above monies represents my weekly/fortnightly/monthly payments to be remitted to TWCU Credit Union Co-operative Society Limited to be allocated as follows, and agree that these amounts shall not be changed without the authorization of the Credit Union.

Table with 2 columns: ACCOUNT (SHARES, DEPOSITS, SPOUSE, YOUTH, OTHER Specify, TOTAL) and AMOUNT (\$)

I hereby authorize and give consent to TWCU Credit Union Co-operative Society Limited, in receiving and exchanging any financial and other information which it may have in its possession about Me with any of its subsidiaries, agents, third party assignees, other financial institutions, Credit Bureaus or other person or Corporation or with whom I may have or propose to have financial dealings from time to time. In addition, I/We also give TWCU Credit Union Co-operative Society Limited, permission to obtain any credit report on My financial position from time to time throughout the duration of any loans being held with the organization. I indemnify TWCU Credit Union Co-operative Society Limited against any loss, claims, damages, liabilities, actions and proceedings, legal and or other expense which may be directly and reasonably incurred as a consequence of the disclosure of the financial information.

MEMBER'S SIGNATURE

PRNO/ACCNO

OFFICIAL OF TWCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

DATE



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FOR OFFICIAL USE ONLY

BOARD APPROVAL

PRESIDENT: _____ SECRETARY: _____

DATE APPROVED AT BOARD MEETING: DD / MM / YY

ACCT. NO. ASSIGNED _____

AUTHORIZED OFFICER: _____ NAME IN BLOCK LETTERS SIGNATURE

AFFIX STAMP: _____

COMPLIANCE DUE DILIGENCE

New Member Referred Against The Following:

- Update of UN Security Council ISIL (Da'esh) and Al-Qaida Sanctions List as at: _____ Date
T&T list of Consolidated Court Order (S.228(3) of ANTI-TERRORISM ACT, CH. 12:07 as at: _____ Date
Office of Foreign Assets Control (OFAC) as at: _____ Date
Caribbean Financial Action Task Force (CFATF) Public Statements, as at: _____ Date
The Financial Action Task Force (FATF) Public Statements as at: _____ Date
Economic Sanctions Order (ESO) as at: _____ Date

RISK: [] High [] Medium [] Low

_____ Date Signature of Compliance Officer

DOCUMENTS CHECKLIST (Please Provide Original Documents)

- Two (2) forms of Valid Identification (i.e. National Identification Card, Driver's Permit, Passport)
Proof of Address must carry applicant's name (i.e. Utility Bill or Bank Statement in absence of Utility Bill)
Beneficiary's Valid Identification (i.e. National Identification Card, Driver's Permit, Passport)
Proof of Employment - Job Letter (within 3 months)
Proof of Income - Payslip (within 1 month)
Self-Employed, Unemployed Person and Retirees - Evidence to support how the account will be funded
Applicable to foreigners / non-residents only - A reference letter is required as confirmation/evidence of prospective member's relationship with their foreign bank (legal requirement)