



AGRICOLA CREDIT UNION
APPLICATION FOR MEMBERSHIP
FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

DATE

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|--|--|--|--|--|--|--|--|--|--|

day month year

| | |
|--------|---------------------------------|
| BRANCH | POS <input type="checkbox"/> |
| | ARIMA <input type="checkbox"/> |
| | TOBAGO <input type="checkbox"/> |
| | OTHER <input type="checkbox"/> |

PERSONAL INFORMATION

| | | | | | | | | | | |
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| NAME | Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> | | | | | | | | | |
| | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 30%; height: 15px;"></td> <td style="width: 40%; height: 15px;"></td> <td style="width: 30%; height: 15px;"></td> </tr> <tr> <td><small>SURNAME</small></td> <td><small>FIRST</small></td> <td><small>OTHER</small></td> </tr> </table> | | | | <small>SURNAME</small> | <small>FIRST</small> | <small>OTHER</small> | | | |
| | | | | | | | | | | |
| <small>SURNAME</small> | <small>FIRST</small> | <small>OTHER</small> | | | | | | | | |
| RESIDENTIAL ADDRESS | <table border="1" style="width: 100%; height: 20px;"></table> | | | | | | | | | |
| POSTAL/MAILING ADDRESS (If different from above) | <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> | | | | | | | | | |
| DATE OF BIRTH | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px; background-color: #cccccc;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table> <i>day month year</i> | | | | | | | | | |
| | | | | | | | | | | |
| | PLACE OF BIRTH <table border="1" style="width: 150px; height: 15px;"></table> COUNTRY OF RESIDENCE <table border="1" style="width: 150px; height: 15px;"></table> | | | | | | | | | |
| | Certificate Pin # ----- NATIONALITY <table border="1" style="width: 100px; height: 15px;"></table> | | | | | | | | | |
| TELEPHONE CONTACT | Home <table border="1" style="width: 50px; height: 15px;"></table> - <table border="1" style="width: 50px; height: 15px;"></table> - <table border="1" style="width: 50px; height: 15px;"></table> Work <table border="1" style="width: 50px; height: 15px;"></table> - <table border="1" style="width: 50px; height: 15px;"></table> - <table border="1" style="width: 50px; height: 15px;"></table> Cell <table border="1" style="width: 50px; height: 15px;"></table> - <table border="1" style="width: 50px; height: 15px;"></table> - <table border="1" style="width: 50px; height: 15px;"></table> | | | | | | | | | |
| E-MAIL ADDRESS | <table border="1" style="width: 100%; height: 15px;"></table> | | | | | | | | | |
| MARITAL STATUS | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other | | | | | | | | | |
| NEXT OF KIN | NAME _____ RELATIONSHIP _____ TEL. NO _____ | | | | | | | | | |
| IDENTIFICATION | <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">ID <table border="1" style="width: 100%; height: 15px;"></table></td> <td style="width: 33%;"> <table border="1" style="width: 100%; height: 15px;"></table> <table border="1" style="width: 100%; height: 15px;"></table> <table border="1" style="width: 100%; height: 15px;"></table> </td> <td style="width: 33%;"> BIR FILE NO. <table border="1" style="width: 100%; height: 15px;"></table> E X P I R Y </td> </tr> <tr> <td>DP <table border="1" style="width: 100%; height: 15px;"></table></td> <td> <table border="1" style="width: 100%; height: 15px;"></table> <table border="1" style="width: 100%; height: 15px;"></table> </td> <td></td> </tr> <tr> <td>PP <table border="1" style="width: 100%; height: 15px;"></table></td> <td> DD MM YYYY <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> </td> <td></td> </tr> </table> | ID <table border="1" style="width: 100%; height: 15px;"></table> | <table border="1" style="width: 100%; height: 15px;"></table> <table border="1" style="width: 100%; height: 15px;"></table> <table border="1" style="width: 100%; height: 15px;"></table> | BIR FILE NO. <table border="1" style="width: 100%; height: 15px;"></table> E X P I R Y | DP <table border="1" style="width: 100%; height: 15px;"></table> | <table border="1" style="width: 100%; height: 15px;"></table> <table border="1" style="width: 100%; height: 15px;"></table> | | PP <table border="1" style="width: 100%; height: 15px;"></table> | DD MM YYYY <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> <table border="1" style="width: 15px; height: 15px;"></table> | |
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OCCUPATION INFORMATION

| | |
|---------------------|-------------------------------------------------------------------------|
| EMPLOYER NAME | <table border="1" style="width: 100%; height: 15px;"></table> |
| WORK ADDRESS | <table border="1" style="width: 100%; height: 15px;"></table> |
| POSITION | <table border="1" style="width: 100%; height: 15px;"></table> |
| OCCUPATIONAL INCOME | TELEPHONE <table border="1" style="width: 50px; height: 15px;"></table> |
| OCCUPATION | |

BENEFICIARY INFORMATION

I hereby nominate the undermentioned to receive my interest and benefits in the event of my death or disability.

| | | | | | | | | |
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| NAME | Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> | | | | | | | |
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| | | | | | | | | |
| <small>SURNAME</small> | <small>FIRSTNAME</small> | <small>OTHER</small> | | | | | | |
| RELATIONSHIP | <table border="1" style="width: 100%; height: 15px;"></table> | | | | | | | |
| RESIDENTIAL ADDRESS | <table border="1" style="width: 100%; height: 20px;"></table> | | | | | | | |
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|----------------|----|----------------------|----------------------|--------------|-------------------------------------|
| IDENTIFICATION | ID | <input type="text"/> | <input type="text"/> | BIR FILE NO. | <input type="text"/> |
| | DP | <input type="text"/> | <input type="text"/> | E | <input checked="" type="checkbox"/> |
| | PP | <input type="text"/> | <input type="text"/> | P | <input type="checkbox"/> |
| | | | | I | <input type="checkbox"/> |
| | | | | R | <input type="checkbox"/> |
| | | | | Y | <input type="checkbox"/> |

| POLITICALLY EXPOSED PERSONS (PEP) | | | |
|-------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------|---|
| Please tick if you fall into any of these categories: | | | |
| Are you an INDIVIDUAL , or the IMMEDIATE FAMILY of, or a CLOSE PERSONAL/PROFESSIONAL ASSOCIATE of; | | | |
| Head of State or Government | c | Senior politician | c |
| Senior government, Judicial or Military Officials | c | Senior executives of State-owned corporations | c |
| Important political party officials | | c | |
| Are you or have you been entrusted with a prominent function by an international organisation - (UN, OAS, IADB, ILO, CFATF) c | | | |
| If Yes, Please provide details: | | | |
| | | | |

Meaning of Politically Exposed Persons (PEPs)

- a) Individuals such as the Head of State or Government, senior politician, senior government, judicial or military officials, senior executives of State-owned corporations and important political party officials who are or have been entrusted with prominent functions –
 - i. By a foreign country; or
 - ii. Domestically for Trinidad and Tobago;
- b) persons who are or have been entrusted with a prominent function by an international organisation which refers to members of senior management such as directors and members of the board or equivalent functions; (UN, OAS, IADB, ILO, CFATF)
- c) an immediate family member of a person referred to in (a) such as spouse, parent, siblings, children and children of the spouse of that person, and
- d) any individual publicly known or actually known to the relevant financial institution to be a close personal or professional associate of the persons referred to in (a) or (b) above.

Declaration

I hereby declare that the above information is true and correct to the best of my knowledge and I shall immediately update Agricola Credit Union if there is any change in such information. I authorize Agricola Credit Union to verify any or all information provided. I hereby promise to abide by the rules and regulations made and to be made for the proper conduct of AGRICOLA CREDIT UNION CO-OPERATIVE SOCIETY LIMITED.

RECOMMENDER

I, _____ having reasonable knowledge of the character of the applicant, recommend him/her for membership in Agricola Credit Union Co-operative Society Limited.

Signature of Recommender _____ Account Number of Recommender _____

SIGNATURE OF APPLICANT DATE.....

Witness: NAME:

ADDRESS:

OCCUPATION: DATE:

FOR OFFICIAL USE ONLY

Signature of Collector Date **DD-MM-YY**

Authorizing Supervisor Date **DD-MM-YY**

Receipt No: - Amount Paid: - \$

Breakdown: - Shares:- \$..... Deposits: - \$

Admin Fee: - \$..... FIP: - \$.....

Total Deductions: - \$ Date Received: -

Date of approval of membership by Board of Directors: - ACCOUNT No.....
DD-MM-YY

Signature of Secretary

Signature of Director

Date **DD-MM-YY**

Date **DD-MM-YY**

COMPLIANCE CONTROL

Referenced against UN2253 (UN1267 List) **Yes£ No£**

Trinidad and Tobago Consolidated List of Court Orders (s. 22B(3) of ATA) **Yes£ No£**

OFAC List **Yes£ No£**

Is Applicant a PEP? **Yes£ No£** IF YES, WHICH CATEGORY _____

Member Risk Profile **High£ Medium£ Low£**

COMPLIANCE OFFICER SIGNATURE: _____ DATE: _____