



# STAFF OF HOPE CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Eric Williams Medical Sciences Complex, Champs Fleurs, Trinidad and Tobago  
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Account No:   
  
PHOTO

## NEW MEMBERSHIP APPLICATION FORM

### PERSONAL DATA OR INFORMATION

Surname:  First Name:  Other Names:

Maiden Name:  Mother's Maiden Name:

Gender:  Male  Female

Residential Address:

Mailing Address:

Email Address:  Tel (H):  (C):

Identification (please provide at least 2):

I.D. Card No:  DP No:  PP No:

Birth Certificate PIN No:  Date of Birth (DD/MM/YYYY):

Place of Birth:  Nationality:

Marital Status:  Single  Married  Divorced  Separated  Widowed  Common Law

Next of Kin Name:  Relationship:  Tel No.:

### EMPLOYMENT INFORMATION

Employment Status:  Permanent  Temporary  Contract  Part-Time  Other

Name of Employer:

Address of Employer:

Employer Tel:  Ext:  Date of Employment (DD/MM/YYYY):

Occupation:

Monthly Income Category:

\$1,501 - \$5,000  \$5,001 - \$10,000  \$10,001 - \$15,000  \$15,001 - \$20,000  \$20,001 - \$25,000  Over \$25,000

Entrance Fee:  Monthly Contribution:

Method of Deposits:  Salary Deduction  Standing Order  Linx  Over the Counter

### ADDITIONAL INFORMATION

Are you now or have you ever been a member of a credit union?  Yes  No

If yes, provide details:

### PERSONAL REFERENCES

Reference 1

Reference 2

## NOMINATION OF BENEFICIARY

### Beneficiary 1

I hereby nominate  Relationship:

To draw the benefits which may accrue to me under the Statutory Provisions governing the operations of Financial Cooperatives in Trinidad and Tobago, in the event of my death while a member of Staff of Hope Credit Union.

DOB:  To receive (%):  Contact No.:

Mailing Address:  Email:

ID (at least 2): I.D. Card No:  DP No:  PP No:

### Beneficiary 2

I hereby nominate  Relationship:

To draw the benefits which may accrue to me under the Statutory Provisions governing the operations of Financial Cooperatives in Trinidad and Tobago, in the event of my death while a member of Staff of Hope Credit Union.

DOB:  To receive (%):  Contact No.:

Mailing Address:  Email:

ID (at least 2): I.D. Card No:  DP No:  PP No:

### Beneficiary 3

I hereby nominate  Relationship:

To draw the benefits which may accrue to me under the Statutory Provisions governing the operations of Financial Cooperatives in Trinidad and Tobago, in the event of my death while a member of Staff of Hope Credit Union.

DOB:  To receive (%):  Contact No.:

Mailing Address:  Email:

ID (at least 2): I.D. Card No:  DP No:  PP No:

Signature of Applicant:  Date:

Name of Witness 1:  Signature:  Date:

Name of Witness 2:  Signature:  Date:

## MEMBER'S DECLARATION AND CONSENT

1. A "politically exposed person" (PEP) means a person who is or was entrusted with important functions such as:

- a) A current or former senior official in the executive, legislative, administrative or judicial branch of government;
- b) A senior official of a major political party;
- c) A senior executive of government-owned commercial enterprise;
- d) A senior military official;
- e) An immediate family member of a person mentioned in (a) to (d);
- f) A close personal or professional associate of the person mentioned in (a) to (d).

Are you now or have you ever been the holder of public or political office in any country, such as, Head of State, Prime Minister, Head of Government, Government Minister, Parliamentary Secretary, Permanent Secretary, Senior Judicial Official, Senior Military Official, Senior Government Official, Chairman, Director, Commissioner or Chief Executive Officer of a state-owned company, Commission or Regulatory Body, Member of the Tobago House of Assembly, Regional Corporation, Statutory Authority or a Senior Member of a political party or a senior politician?

Yes  No

If yes, give details below:

### CURRENT ASSETS & LIABILITIES

#### CURRENT ASSETS | \$

Cash on Hand/Bank	<input type="text"/>
Stocks or Bonds etc.	<input type="text"/>
Real Estate (Market Value)	<input type="text"/>
Motor Vehicle/s (Market Value)	<input type="text"/>
Household (Furniture/Fixtures, Computer etc.)	<input type="text"/>
Other Assets (Life Insurance etc.)	<input type="text"/>
<b>Total Assets:</b>	<input type="text"/>

#### CURRENT LIABILITIES | \$

Loans > 5yrs	<input type="text"/>
Short Term Loans	<input type="text"/>
Mortgage Loans	<input type="text"/>
Credit Cards	<input type="text"/>
Hire Purchase	<input type="text"/>
Other	<input type="text"/>
<b>Total Liabilities:</b>	<input type="text"/>

**NET WORTH (Total Assets - Total Liabilities) \$:**

**DEFICIT (Total Liabilities - Total Assets) \$:**

2. Have you ever been a member of a terrorist group?

Yes  No **If yes, details:**

3. Do you now belong to any terrorist group?

Yes  No **If yes, details:**

4. Do you reside or work from time to time in a foreign country?

Yes  No

If yes, indicate foreign address:

**Applicant Name (Print):**

I declare and confirm that the information given in this application for credit union service(s) is true and correct and further confirm that I am not engaged in money laundering, drug trafficking, fraud, identity theft or any other crimes or illicit activities. I am aware that I am required by the account agreement to deposit only good items to my account and to refrain from using the account for money laundering, terrorist financing, any other criminal activities, specified offences or for furthering criminal purposes or conducts. I have not assumed the identity of any other person and the funds/deposits are beneficially owned by me and no one else.

Consent is hereby given to Staff of Hope Credit Union to disclose this application, any information contained in it, other related confidential information of mine and current and future deposits and other transactions of mine to the law enforcement agencies, regulatory authorities or other regulated persons.

I promise to abide by the terms of the account(s) agreement and with the statutory provisions and by-laws governing the operations of Staff of Hope Credit Union, and I consent to all enquiries the Credit Union may make about me and to the retention of this application and all documents tendered by me in support of this application by the credit union.

**Signature of Applicant:**

**Date Signed:**

**FOR INTERNAL USE ONLY**

**COMPLIANCE CONTROL**

Referenced against UN2253 (UN1267 List):                      Yes                       No

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

Office of Foreign Assets Control (OFAC) List:                      Yes                       No

Is Applicant a PEP?                      Yes                       No

If YES, which category:

Member Risk Profile Rating:                      High                       Medium                       Low

COMPLIANCE OFFICER SIGNATURE:                       DATE:

**FOR BOARD OF DIRECTORS ONLY**

1. Application approved by the Board of Directors of the Staff of Hope Credit Union Co-operative Society Limited  
at its meeting held on (DD/MM/YYYY):

PRESIDENT:                       SECRETARY:

2. Application queried/denied by the Board of Directors of the Staff of Hope Credit Union Co-operative Society Limited  
at its meeting held on (DD/MM/YYYY):

Reason/s:

PRESIDENT:                       SECRETARY: