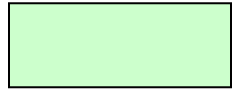




U.W.I. CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

MEMBERSHIP APPLICATION FORM

TO BE COMPLETED IN BLOCK LETTERS



Personal Details

_____ Maiden Name: _____
FIRST NAME MIDDLE NAME SURNAME

of _____
HOME ADDRESS

Date of Birth: ____/____/____ Place of Birth: _____ Nationality: _____
MM DD YYYY

Gender: Male [] Female [] Marital Status: Single [] Married [] Separated [] Divorced [] Widowed []

Identification Nos.: National ID: _____ DP: _____ PP: _____

Telephone Nos.: Home: _____ Work: _____ Cell 1: _____ Cell 2: _____

Email Address: _____ Number of years residing at address above: _____

Current Mailing Address: _____

Next of Kin: _____ NAME ADDRESS CONTACT NO.

Application for Membership Status

UWI employee: [] UWICU Employee: [] UWI Student/Graduate: [] Tertiary Institution Employee/Student/Graduate: []

Affiliated Institution Employee: [] Spouse/Parent/Sibling/Child/Grandchild/Ward of Member: [] Related A/C _____

Other: [] _____

Employment Information

Employer's Name: _____ Tel. Nos.: _____

Address: _____

Position: _____ Salary: \$ _____ per Fortnight/ Month.

No. of mths/yrs at current employer: ____ Date of 1st appointment: ____/____/____ Date of Termination: ____/____/____
MM DD YYYY MM DD YYYY

Employment Status: Permanent: [] Tenure: [] Contract: [] Temporary: []
Part-time: [] Casual: [] Self Employed: []

Previous Employer: _____ No. of years employed: _____

I confirm that my account will be serviced via:

[] Direct Salary Deductions [] Bank Standing Order [] Internal Standing Order

Beneficiary Information

In the event of my death I hereby nominate _____
FIRST NAME SURNAME RELATIONSHIP
of _____
BENEFICIARY ADDRESS to receive my benefits in the Society.

SIGNATURE OF APPLICANT/PARENT/LEGAL GUARDIAN

DATE MM/DD/YYYY

NAME OF RECOMMENDER (Member of CU)

SIGNATURE OF RECOMMENDER

NAME OF WITNESS #1

SIGNATURE OF WITNESS #1

NAME OF WITNESS #2

SIGNATURE OF WITNESS #2

Important Notice

Please be advised that a “Politically Exposed Person” (PEP) refers to someone who has been entrusted with a prominent public function, or a relative or known associate of that person. Since a “PEP” generally presents a higher risk for potential involvement in bribery and corruption by virtue of their position and the influence that they may hold, it is mandatory that the following declaration be completed and signed accordingly.

APPLICANT’S DECLARATION

Has any member of your immediate family (spouse, parent, sibling, children, and children of spouse) or close affiliate, now or have you ever been a holder of public or political office in any country (local or foreign) such as, a current or former:

- a) A Head of State, Senior Politician, Senior Government, Judicial or Military Official, Senior Executive of a state owned company or Important Political Party Official?
 b) A senior executive of an international organization?

NO YES : If YES please indicate: Position held: _____

Name: _____ Relationship: _____

I _____ declare that all statements made above are true and correct. I understand that any false statement may result in termination of my membership. I also agree to conform to the statutory provisions and Bye-Laws governing the operations of the UWI Credit Union Co-operative Society Limited.

SIGNATURE OF APPLICANT/PARENT/LEGAL GUARDIAN

Date: _____
MM/DD/YYYY

FOR INTERNAL USE ONLY**Original Supporting Documents submitted**

- ALL Identification declared under Personal Details (ALL Applicants)
 Recent Utility bill (all Adult Applicants)
 Marriage Certificate (for Spouse of Members)
 Birth Certificate (for all Children of Members)
 Student ID and recent Registration form/Degree Certificate (for all UWI Students/Graduates)
 Recent Job letter AND payslip (for all Employed persons)
 Work Permit/CSME certificate (for Non-Nationals only)
 Statement of Cash Flows with supporting documents (for all Self-Employed persons)

Authorized Lists Checked

- ISIL (Da’esh) & Al-Qaida Sanctions List UN2253 (formerly UN1267)
 Trinidad and Tobago Consolidated List of Court Orders (s. 22B (3) of ATA)
 Office of Foreign Assets Control (OFAC)

Risk Rating Low Medium High

Verified by: _____ Date: _____
MM/DD/YYYY

FOR BOARD OF DIRECTORS ONLY

1. Application **approved** by the Board of Directors of the UWI Credit Union Co-operative Society Limited at its meeting held on _____
MM/DD/YYYY

PRESIDENT

SECRETARY

2. Application **queried/denied** by the Board of Directors of the UWI Credit Union Co-operative Society Limited at its meeting held on _____
MM/DD/YYYY

Reason/s: _____

PRESIDENT

SECRETARY