

## APPLICATION FOR MEMBERSHIP

### PERSONAL DATA:

SURNAME

FIRST NAME

OTHER NAME/S

#1) I.D./D.P/P.P. NO.:

#2) I.D./D.P/P.P. NO.:

EXPIRY DATE: \_\_\_\_\_

MEMBER CLASSIFICATION:

ADULT

CHILD

SEX:

M

F

DATE OF BIRTH:

BIRTH CERTIFICATE PIN:

NATIONALITY:

RESIDENT

NON-RESIDENT

COUNTRY OF RESIDENCE:

MARITAL STATUS:

Single

Married

Divorced

Widow

Separated

Common-Law

MOBILE NO:

HOME NO:

EMAIL ADDRESS:

HOME ADDRESS:

*(Utility Bill  
Required)*

MAILING ADDRESS: *(If different from above. No. P.O. Box)*

DWELLING STATUS:

Own

Rent

Board

Other

SKILLS:

INTEREST / HOBBIES:

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### EMPLOYMENT:

MINISTRY/COMPANY:

DEPARTMENT:

OCCUPATION:

PHONE NO:

EXTENSION:

ADDRESS OF EMPLOYER:

*PLEASE ATTACH PAYSLLIP  
AND JOB LETTER FROM  
EMPLOYER*

EVIDENCE OF EMPLOYMENT:      Job Letter      Pay Slip      Other

EMPLOYMENT STATUS:

Permanent      Contract      Self Employed      Retired      Casual      Temporary

DATE OF EMPLOYMENT:

BIR NO:

Salary Payment:      Monthly      Fortnightly      Weekly      Daily

**REMUNERATION (Monthly)**

Over \$5,000	\$5,001 - \$10,000	\$10,001 - \$15,000	\$15,001 - \$20,000
\$20,001 - \$30,000	\$30,001 - \$40,000	\$40,001 - \$50,000	Over \$50,000

**ASSETS:**

Under \$10,000	\$10,001 - \$250,000	\$250,001 - \$350,000
\$350,001 - \$500,000	Over \$500,000	

Are you a business owner?      YES      NO

If YES, state:      Beneficial      Fiduciary      Other Legal Arrangement

REGISTERED NAME:

BUSINESS ADDRESS:

REGISTRATION NO:

BUSINESS PHONE:

**DECLARATION:**

I, \_\_\_\_\_ in my application for membership of Cimpex Credit Union, hereby declare that monies to be credited to my Credit Union account will be derived from:

Wages / Salaries      Bank Account      Other

**Please Specify:**

**OTHER CREDIT UNION INFORMATION**

Are you a Member of another Credit Union(s)?      Yes      No

If YES, please state name of Credit Union(s):

Are You Serving Member of a Credit Union(s), Board of Directors / Committees?      Yes      No

**ADDITIONAL INFORMATION FOR CHILDREN APPLICANTIONS ONLY**

Under 16 Years      Over 16 Years      Form/Class/Year:

NAME OF PARENT:

PARENT'S ID #:

MOBILE NO:

HOME NO:

PARENT'S ADDRESS:

PARENTS OCCUPATION:

WORK NO:

PARENTS EMPLOYER'S NAME:

PARENTS WORK ADDRESS:

SCHOOL NAME:

SCHOOL ADDRESS:

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SECRETARY  
CIMPEX CREDIT UNION (CO-OPERATIVE)  
SOCIETY LIMITED

I hereby apply for membership in CIMPEX Credit Union, 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. I acknowledge that the information supplied on this form is true and correct.

.....  
DATE

.....  
SIGNATURE OF APPLICANT

.....  
SIGNATURE OF WITNESS

**RECOMMENDATION FOR MEMBERSHIP**

Name of Recommender: \_\_\_\_\_ Membership No: \_\_\_\_\_  
N.B Recommender must be a member in good standing.

Staff      Member      Relative      Other:

Address of Recommender:

Signature of Recommender: \_\_\_\_\_

**NOMINATION OF BENEFICIARY**

In the event of sickness or death, I hereby nominate \_\_\_\_\_ my  
Of, \_\_\_\_\_ Contact No.  
to receive all monies accruing to me in the Society.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of Witness \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Block Letters)

Address of Witness: \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE**

Under the current legislation, a duly named nominee of a deceased member of the Society is entitled to the maximum sum of \$5,000 of the unencumbered money due to the said member of the Society.

**Please state if you or any of your family members hold the post of:**

Director on a State Board	Yes	No
Minister of Government	Yes	No
Diplomat	Yes	No
A member of the Judiciary	Yes	No
A Senior Official employed at a Public Authority	Yes	No
Occupy a Senior role/position within the Military Service	Yes	No

If you answered YES to any of the above, please list: -

Name of Person: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Details: \_\_\_\_\_

**FOR OFFICIAL USE**

**CUSTOMER DUE DILIGENCE**

Referenced Against UN1267 List	Yes	No
Referenced Against UN2253 List	Yes	No
T&T Consolidated List of Court Orders	Yes	No
Referenced Against Another List (CFATF / FATF)	Yes	No
Evidence of Employment	Yes	No

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd      mm      yy

Entrance Fee: \$ 10.00

Shares: \$ \_\_\_\_\_ (Member to purchase at least one (1) Share) \$ \_\_\_\_\_

Deposit:

Amount Paid \$ \_\_\_\_\_

Proposed Share Purchase: \_\_\_\_\_ per Week/Fortnight/Month.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yy

Receipt No.: \_\_\_\_\_

THIS APPLICATION WAS APPROVED/NOT APPROVED ON \_\_\_\_\_ BY THE BOARD OF DIRECTORS.

CHARIMAN BOARD OF DIRECTORS: \_\_\_\_\_ DATE: \_\_\_\_\_

Membership A/C No: \_\_\_\_\_ Membership No: \_\_\_\_\_

The membership and account number noted on this APPLICATION FORM IS THE NUMERICAL REFERENCE throughout the Credit Union Records and would be used for any transactions thereafter. The applicant's name has been referenced against UN2253 list, ISL (Da'esh) and Al-Qaida Sanctions List 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 & Tobago.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Compliance Officer Signature

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yy

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yy