

Section 1 – Personal Information

Name: _____

Residential Address: _____

Mailing Address: _____

Gender: Male Female

Marital Status: Single Married Divorced Separated Widowed Common Law

Date of Birth: ___/___/___ DD/MM/YY Place of Birth: _____

Nationality

1. Trinidad and Tobago National 2. U.S. Resident 3. Other (Please state) _____

If yes to #2 please state TIN/Social Security number: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Would you like to receive email notifications of SECU Credit Union's products and services: Yes No

Identification Information (Only Two (2) valid forms):

DP PID PP # _____

Country of Issue: _____

Issue Date: ___/___/___ DD/MM/YY Expiry Date: ___/___/___ DD/MM/YY

DP PID PP # _____

Country of Issue: _____

Issue Date: ___/___/___ DD/MM/YY Expiry Date: ___/___/___ DD/MM/YY

If one of the above is not provided;

Birth Certificate Pin No: _____ Country of Issue: _____

Section 2 – Employment Information

Employer: _____

Work Address: _____

Occupation: _____ Rank/Position: _____

TTDF Reg # (TTDF only): _____

Employment Status: Permanent Contract Casual Self-Employed Temporary

Employment Contract date: _____ DD/MM/YY

Income Cycle: Monthly Fortnightly Weekly Daily Retired

Annual monthly salary range: <\$6K \$6 - \$10K \$10 - \$15K \$15 - \$20K Over \$25K

Name of Bank: _____ Bank Account _____

Recommender's Name to SECU: _____ Relation to Recommender: _____

Are you a bona fide member of any other credit union? Yes No

If yes, please name the credit union: _____

Section 3 - Other Information

Politically Exposed Person ("PEP") includes 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, or a relative or known associate of that person.

Are you a PEP? Yes No
 Are you **related** to a PEP or any person that holds a High Position in Public Office: Yes No

If yes, Please state relationship: _____

PEP

- 1. Political Party Official
- 2. Senior Executive of a State Enterprise
- 3. Minister of Government
- 4. Diplomat
- 5. Member of judiciary
- 6. Senior Official employed at a Public Authority
- 7. Occupy a senior role/position with the military services: _____

Section 4 – Nomination Certificate

In the event of death, I _____ hereby nominate _____ of _____ to receive a sum not exceeding \$5,000.00 in accordance with section 10(e) of Bye Laws of the Society.

Relation to Member: _____
 Email: _____
 Telephone: _____

Section 5 – Declaration

I, _____, I hereby apply for membership of and agree to abide by the laws of the SECU Credit Union and declare that this information given by me on this form is true and correct to the best of my knowledge.

I agree to provide proof of identity and address to satisfy Government Anti-Money Laundering/Combatting the Finance of Terrorism (AMI/CFT) laws.

[] By submitting this application form you will be indicating your consent to receiving product and service information by letter, Telephone or email from us. (Do not click if there is an objection).

In accordance with the principles of Data Production Act 2011, we will use your personal details for the purposes of managing your accounts with SECU credit union. Your personal details will be treated confidentially and will only be shared with agencies for the purpose of credit referencing, debt recovery and statutory and legal requirements only.

Signature: _____ Date: _____
 Witness to Signature: _____ Date: _____

The Board of Directors reserves the right to request any additional information upon consideration of this application.

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OFFICIAL USE ONLY:

- New
- Update

Membership Account Number: _____ Share Amount _____

Method of deposit:
 Salary Deduction Cash Payment Cheque Credit Card Other _____

Verified on UN1267: Yes [] No []

CO Representative: _____ | _____ Date: _____
PRINT NAME SIGNATURE

Secretary _____ President _____ Date: _____
SIGNATURE SIGNATURE