

## 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 \$50,000.00 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.

005A

**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