



TRINIDAD AND TOBAGO POLICE CREDIT UNION CO-OPERATIVE SOCIETY LTD.

Branch:

HEAD OFFICE 61 Tenth Street, Barataria Tel: 612-4PCU (4728) | Fax: 868-674-0160 www.policecreditunion.com

MEMBERSHIP APPLICATION FORM

PART A: PERSONAL INFORMATION

ACC. NO.: _____

Name of Applicant _____
FIRST NAME (Block Letters) SURNAME

Current Address _____

Mailing Address _____
(If different from above)

Email Address: _____

CURRENT ADDRESS certified by attached Utility Bill: Yes No

Date of Birth: ____/____/____ Nationality: _____
dd mm yyyy (Attach copies of 2 valid forms of ID)

ID/DP/PP #1) _____ ID#2 _____

Phone: Cell Phone (s): _____ Work _____ Home: _____

Gender: Male Female **Marital Status:** Single Married Other

EMPLOYMENT INFORMATION

Name of Employer: _____

Address of Employer: _____
(PLEASE ATTACH PAYSIP AND JOB LETTER FROM EMPLOYER)

Occupation/Profession: _____

Employment Status: Permanent Self Employed Contract Retired Casual Temporary

Salary Payment: Monthly Fortnightly Weekly Daily

STUDENTS: School Attending: _____

Address: _____

PART B: NOMINATION CERTIFICATE

In the event of death, I _____, Account No: _____,
MEMBER'S NAME

hereby nominate _____
NOMINEE'S NAME

of _____

to receive a sum not exceeding \$50,000.00 in accordance with the Co-operative Societies Act Chapter 81:03 Section 41(3).

Name of Witness (Block Letters)

Signature of Witness

Address of Witness

PART C: ALL QUESTIONS ARE TO BE ANSWERED

Questionnaire to be completed in accordance with the Laws of Trinidad and Tobago relative to 'Know Your Customers'. Please complete by ticking the boxes below that are applicable to you:

1. T & T National Yes No Do you have dual citizenship Yes No

2. U.S. Resident Yes No

If Yes to No. 2 state your IRS Tax Number _____

3. Other (Please State) _____

The Board of Directors reserve the right to request additional information upon consideration of this application

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: _____ Post Occupied: _____ Organization: _____

DECLARATION

I, _____, in my application for membership into the Trinidad and Tobago Police Credit Union, hereby declare that the account is to be used for _____. All monies credited to my Credit Union account are derived from _____.

I hereby apply for membership of the Trinidad & Tobago Police Credit Union and agree to abide by the existing by-laws of the society and the laws of Trinidad and Tobago. I am aware that I am not a bona fide member of the credit union until this application is approved by the Board and I am so advised in writing. I acknowledge that the information supplied on this form is true and correct.

Signature of Applicant: _____ Date: _____

Recommended by: _____ Acc. No. : _____
N.B Recommender must be a member in good standing

Signature of Recommender: _____

Address of Recommender: _____

FOR OFFICIAL USE ONLY

Share Savings	
Deposit Account	
Prepaid Master Card	
Group Health	
Group Life	25.00
CUNA	
Entrance Fee <small>(Applies to first payment only)</small>	150.00
Total	

SECRETARY

DATE APPROVED

ALL ORIGINAL DOCUMENTS MUST BE SUBMITTED & VERIFIED IN SUPPORT OF YOUR APPLICATION

- Copy of 2 valid forms of ID i.e. National ID, Passport and/or Driver's Permit
- Recent Pay Slip **(Not more than (3) three months old)**
- Recent Job letter showing: Position, Current Earnings and Length of Tenure **(Not more than (3) three months old)**
- Recent Utility Bill** (If Utility Bill is not in applicant's name, a letter from the owner confirming your residence and copy of owner's ID MUST be submitted)
- Member is entitled to a **free** International Prepaid MasterCard upon acceptance
- Self Employed Applicants must submit: Income & Expenditure Statement, BIR Number and copy of V.A.T. certificate (where applicable)
- Member is eligible to join the CUNA Indemnity Plan upon acceptance
- Recommender of Applicant shall **not be** a family member to the Applicant
- Recommender of Applicant shall **not be** the beneficiary of the Applicant
- Members are eligible to join the PCU Group Medical Plan upon approval. ****Special Criteria Applies**

Upon approval the following fees are applicable: \$10.00 – Entrance Fee \$140.00 – Administrative Fee

APPLICATION RECEIVED & CHECKED by: _____ Date Received: ___/___/20___

CUSTOMER DUE DILIGENCE:

Reference against Legislated List

Authorized Signature: _____ Date Checked: ___/___/20___

- OFAC
- UN 1267/2253
- T&T C.L.C.O



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GROUP INSURANCE ENROLMENT CARD

PLEASE COMPLETE FORM IN BLOCK LETTERS

POLICYHOLDER NAME

T T P C U

ASSOCIATION EMPLOYER CREDIT UNION UNION

APPLICANT'S SURNAME

DATE OF BIRTH

m m d d y y

SEX

M F

APPLICANT'S FIRST NAME

MARITAL STATUS

SINGLE MARRIED

DO YOU HAVE ANY OTHER FORM OF INSURANCE? TICK V

MOTOR FIRE BURGLARY MARINE LIFE MEDICAL IF YES, SPECIFY: _____

BENEFICIARY'S NAME (SURNAME FIRST) - applicable to health/life

BENEFICIARY'S RELATIONSHIP TO APPLICANT

APPLICANT'S OCCUPATION

APPLICANT'S EARNINGS

NOT APPLICABLE

HOW ARE EARNINGS PAYABLE

Hourly Weekly Monthly Annually

DATE EMPLOYED

NOT APPLICABLE
m m d d y y

DATE CONFIRMED

NOT APPLICABLE
m m d d y y

EFFECTIVE DATE

NOT APPLICABLE
m m d d y y

AMOUNT OF LIFE INSURANCE

AMOUNT OF AD&D INSURANCE

HEALTH INSURANCE

YES NO

DEPENDENTS TO BE COVERED?*

YES NO

**If Yes, list below*

EMPLOYEE CATEGORY: EMPLOYEE ONLY EMPLOYEE & ONE EMPLOYEE & FAMILY

ELIGIBLE DEPENDANTS TO BE INSURED

NAME	DATE OF BIRTH	RELATIONSHIP	EFFECTIVE DATE OF COVERAGE
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NOT APPLICABLE			
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I HEREBY apply for insurance under Policyholder's Group Plan and Authorize the deduction from my pay (if applicable) of any contribution I must make towards the cost of these or any future benefits. I also agree to produce evidence of age if required. If any beneficiary named above dies before me the interests of such beneficiary shall unless otherwise provided above accrue to the surviving beneficiaries or beneficiary or if none of my estate. I reserve the right to change any beneficiary named above.

Applicant's Signature

Policyholder's Signature & Stamp

Date

FOR OFFICIAL USE ONLY

E. Only E. + One E. + Family

REMARKS

EFFECTIVE DATE OF CHANGE:

PLEASE TURN OVER