



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

Branch: **BARATARIA**

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

## JUVENILE 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: \_\_\_\_\_

School Attending: \_\_\_\_\_ Class/ Form: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cert. PIN \_\_\_\_\_ Nationality: \_\_\_\_\_  
dd mm yyyy (Attach copy of Birth Certificate)

ID: \_\_\_\_\_ PP : \_\_\_\_\_ Gender:  Male  Female

(Copy of ID if available )

### ADULT INFORMATION

**CURRENT ADDRESS certified by attached Utility Bill:** Yes  No

Name of person in C/o of Account: \_\_\_\_\_

ID/DP/PP #1) \_\_\_\_\_ ID#2 \_\_\_\_\_

Relationship to Applicant:  Parent  Guardian  Relative: \_\_\_\_\_  Other: \_\_\_\_\_

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

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

Phone: Cell Phone (s): \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

**Employment Status:**  Permanent  Self Employed  Contract  Retired  Casual  Temporary

**Salary Payment:**  Monthly  Fortnightly  Weekly  Daily

### 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) \_\_\_\_\_

**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 the child's membership into the Trinidad and Tobago Police Credit Union, hereby declare that the account is to be used for \_\_\_\_\_. All monies credited to his/ her 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.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Parent/Guardian/Adult)

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	
Group Health	
Group Life	25.00
Entrance Fee (Applies to first payment only)	50.00
<b>Total</b>	

SECRETARY

DATE APPROVED

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

**Youth Member's Documents**

- Copy of new Birth Certificate
- Copy of Passport/ National ID (if available)

**Adult Opening/ Servicing the Account Documents**

- Recent Pay Slip (**Not more than (3) three months old**)
- Copy of 2 valid forms of ID card, Passport and/or Driver's Permit
- 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 & copy of owner's ID MUST be submitted)
- Self Employed Applicants must submit: Income & Expenditure Statement, BIR Number and copy of V.A.T. certificate (where applicable)
- Recommender of Applicant shall not be a family member to the Applicant
- Recommender of Applicant shall not be the beneficiary of the Applicant

**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



Registered Office  
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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**