



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

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	\$50.00
Deposit Account	
Group Health	
Group Life	\$50.00
Entrance Fee (Applies to first payment only)	\$10.00
Total	

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	<input type="checkbox"/>
UN 1267/2253	<input type="checkbox"/>
T&T C.L.C.O	<input type="checkbox"/>