

ANTILLES EMPLOYEES' CREDIT UNION  
(CO-OPERATIVE) SOCIETY LTD.



FORM 1 - APPLICATION FOR MEMBERSHIP

(PLEASE TYPE OR COMPLETE IN BLOCK LETTERS)

SECTION 1 – PERSONAL INFORMATION

SURNAME: .....

FIRST NAME: .....

MIDDLE NAME (S): .....

MAIDEN NAME: .....

DATE OF BIRTH: ..... PLACE OF BIRTH: .....

DD/MM/YYYY .....

COUNTRY OF BIRTH: .....

NATIONALITY: .....

ID INFORMATION: ID#..... DP#.....

PASSPORT#..... PIN.....

GENDER: ( ) MALE ( ) FEMALE

MARITAL STATUS: ( ) SINGLE ( ) MARRIED

( ) WIDOW(ER) ( ) DIVORCED

( ) SEPARATED ( ) OTHER

ADDRESS TYPE: ( ) RESIDENT ( ) NON-RESIDENT

COUNTRY OF RESIDENCE: .....

DWELLING TYPE: ( ) OWN ( ) RENT

( ) BOARD ( ) OTHER

HOME ADDRESS: .....

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS) .....

CONTACT INFORMATION MOBILE NO: ..... ALTERNATE NO: .....

EMAIL ADDRESS: .....

SECTION 2 - SPOUSE'S INFORMATION

PROOF OF MARRIAGE: ..... PLACE OF MARRIAGE: .....

DD/MM/YYYY .....

SPOUSE SURNAME: .....

MAIDEN NAME (if applicable): .....

SPOUSE FIRST NAME: .....

NATIONALITY: .....

IS SPOUSE A MEMBER? YES ( ) NO ( )

SECTION 3 - FOREIGN NATIONAL

NAME OF FOREIGN BANK: .....

ACCOUNT NO: .....

ADDRESS OF FOREIGN BANK: .....

BANK CONTACT#: .....

TYPE OF FINANCIAL INSTITUTION: ( ) CREDIT UNION ( ) BANK

( ) OTHER

TYPE OF REFERENCE RECEIVED: .....

AUTHORITY TYPE: .....



**RELATIONSHIP TO MINOR:** .....

**GENDER** ( ) MALE ( ) FEMALE

**ID INFORMATION:** ID#..... DP#.....  
**(2 FORMS OF IDs)** PASSPORT#..... PIN#.....

**SECTION 6 (b) - IF APPLICANT IS A STUDENT**

**SCHOOL NAME:** .....

**SCHOOL ADDRESS:** .....

**FORM/CLASS/YEAR:** .....

**COURSE OF STUDY** .....

**SECTION 6 (c) - IF APPLICANT PARENT OR GUARDIAN IS A POLITICALLY EXPOSED PERSON, PLEASE FILL OUT FORM 2.**

**SECTION 7 - DECLARATION**

Are you a member of another Credit Union? ( ) Yes ( ) No

Are you currently serving on the Board of a Credit Union? ( ) Yes ( ) No

I hereby apply for membership in Antilles Employees Credit Union Co-operative Society Limited, and, if admitted, I agree to conform to the Bye Laws or amendments thereof of the said Society, and pledge to offer my skills towards further growth of the Credit Union.

I further declare that all information provided and contained herein is true and correct to the best of my knowledge.

( ) Please select if you are signing on behalf of Applicant who is a minor (See Section 6).

**Specimen Signature of Applicant** .....

**Witness (Credit Union Official Only)**

Name:.....

Title/Position:.....

Date:.....

Signature:.....

**SECTION 8 - NOMINATION OF BENEFICIARY**

**BENEFICIARY NAME (1):** .....

**ID INFORMATION(2 FORMS OF IDs):** ID#..... DP#.....  
 PASSPORT#..... PIN.....

**BENEFICIARY'S HOME ADDRESS:** .....

**CONTACT INFORMATION** HOME TEL. NO: ..... MOBILE NO: .....

**EMAIL ADDRESS:** .....

**RELATIONSHIP TO APPLICANT:** .....

**BENEFICIARY NAME (2):** .....

**ID INFORMATION:** ID#..... DP#.....  
**(2 FORMS OF IDs)** PASSPORT#..... PIN.....

**BENEFICIARY' HOME ADDRESS** .....

**CONTACT INFORMATION** HOME TEL. NO: ..... MOBILE NO: .....

**EMAIL ADDRESS:** .....

**RELATIONSHIP TO APPLICANT:** .....

I understand in the event of my death, if I do not name a beneficiary, the proceeds of this account will be paid into my Estate and distribute according to the Succession Act 1981 of Trinidad and Tobago. I further declare that all information given herein is true and correct to the best of my knowledge.

.....  
 Signature of Applicant

.....  
 Date

**SECTION 9 - RECOMMENDER/MARKETING DATA**

Relationship of Recommender to Applicant

- ( ) Board/Committee Member ( ) Friend ( ) Spouse  
 ( ) Credit Union Staff ( ) Co-worker ( ) Other

**SECTION 10 – MEMBER DUE DILIGENCE**

Referenced against UN2253 List ( ) Yes ( ) No  
 Referenced against NCCT List ( ) Yes ( ) No  
 T&T Consolidated List of Court orders ( ) Yes ( ) No  
 Background Checks ( ) Yes ( ) No

Proof of Address Utility Bill ( ) Yes ( ) No  
 ( ) WASA Bill ( ) Telephone Bill ( ) T&TEC Bill  
 ( ) Cable Bill ( ) Bank Statement ( ) Other

Proof of Income/Employment ( ) Yes ( ) No  
 ( ) Job Letter ( ) Payslip ( ) Business Registration ( ) Other  
 ( ) Financial Statements

**SECTION 11 – FOR OFFICIAL USE ONLY**

The membership number noted on this APPLICATION FORM IS THE NUMERICAL REFERENCE throughout Antilles Employees Credit Union records and would be used for any transactions thereafter. This Application for Membership is approved by the Board of Directors of Antilles Employees Credit Union Credit Union Co-operative Society Limited on this .....day of....., 20.....

**MSR SIGNATURE:** ..... **DATE:** .....  
**COMPLIANCE OFFICER:** ..... **DATE:** .....  
**SECRETARY:** ..... **DATE:** .....  
**PRESIDENT:** ..... **DATE:** .....

ASSIGNED MEMBERSHIP #: .....

DATE POSTED: .....

ASSIGNED ANTILLES ONLINE ID #:.....

DATE ISSUED: .....

We are Unique

**ANTILLES EMPLOYEES' CREDIT UNION**  
(CO-OPERATIVE) SOCIETY LTD.



**FORM 2 – POLITICALLY EXPOSED PERSONS (P.E.P)**

*In accordance with the Proceeds of Crime Act 2000 (as amended) and the Financial Obligations (amendment) Regulations 2014, Regulation 20(3), there is an obligation for Financial Institutions to undertake Enhanced Member Due Diligence on clients who are classified as a PEP. As defined by these acts and adopted within the Co-operative Society AML/CFT Programme, a PEP shall be considered as an individual who is or has been entrusted with a prominent function either locally or in a foreign country.*

**DEFINITIONS:**

**DOMESTIC PEP:** An individual who is or was entrusted with a prominent public function domestically.

**FOREIGN PEP:** An individual who is or was entrusted with a prominent public function in a foreign country.

**YOU ARE REQUIRED TO:**

1. Select one or as many of the pep categories below that best describe you;
2. Declare your pep status by selecting the applicable confirmation box;
3. Affix your name, signature and date on designated area below.

1.

Domestic PEP or Foreign PEP *(please also insert your specific job title below)*

- 1. Head of State - The President of the Republic of Trinidad and Tobago;
- 2. Head of Government - The Prime Minister of the Republic of Trinidad and Tobago;
- 3. Senior Members of the Legislature e.g. The Speaker of the House of Representatives and the President of the Senate;
- 4. Senior Politicians include persons elected to office in national, local or Tobago House of Assembly elections; or persons appointed to (i) serve as a Senator in the Parliament of Trinidad and Tobago, (ii) serve on the Tobago House of Assembly under the Tobago House of Assembly Act Chap. 25:03 or (iii) serve as an Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act Chap. 25:04; e.g. all Members of Parliament, Government Ministers, Mayors, Leader of the Opposition, Assemblymen, Chief Secretary and Deputy Chief Secretary of the Tobago House of Assembly, Parliament Secretaries;
- 5. Senior Government Officials include a Permanent Secretary or any other person appointed as an Accounting Officer under the Exchequer and Audit Act or individual holding equivalent positions in a foreign country, e.g. Permanent Secretaries,
- 6. Senior Judicial Officers e.g. the Chief Justice, Judges of the Supreme Court (Court of Appeal and High Court Judges), Judges of the Industrial Court, Judges of the Caribbean Court of Justice, Masters, Chief Magistrate, Deputy Chief Magistrate, Magistrates, the Registrar, Deputy Registrar and Assistant Registrars;
- 7. Military Officials - Senior Defence Force Officials including Major General, Brigadier General, Colonel, Lieutenant-Colonel. Senior Air Guard Officials including Group Captain, Wing Commander, Squadron Leader and Senior Coast Guard Officials including Rear Admiral, Commodore, Captain and Commander;
- 8. Senior Executives of State owned corporations include (a) the chairman, deputy chairman, president or vice-president of the board of directors; (b) the managing director, general manager, comptroller, secretary or treasurer; or (c) any other person who performs for the body corporate functions similar to those normally performed by the holder of any office specified in (a) or (b) and who is duly appointed to perform those functions. State owned

International Organization PEP *(please also insert your specific job title below)*

- 1. United Nations and affiliated International Organization
- 2. Inter-American Development Bank
- 3. Caribbean Financial Action Task Force
- 4. Organization of American States
- 5. International Labour Organization

2.

Organization:.....

Job title:.....

Address:.....

Contact#.....

Remuneration:

- Under \$5,000                       \$5,001 - \$10,000                       \$10,001 - \$15,000
- \$15,001 - \$20,000                       \$20,001 - \$30,000                       \$30,001 - \$40,000
- \$40,001 - \$50,000                       Over \$50,000

Assets:

- Under \$500,000                       \$500,001 - \$1.5MIL
- Over \$3,000,000                       Other

**IMMEDIATE FAMILY MEMBER OF A PEP:**

An individual who is related to a PEP either through birth or marriage (current or past).

- Spouse/Ex-Spouse                       Half-Sibling                       Sibling
- Parent                       Child                       Other

**CLOSE ASSOCIATE OF A PEP:**

Any individual publicly known or actually known to be a close personal or professional associate of a PEP.

Close Associate of a PEP.  Yes (Please indicate relationship to PEP named below)

Name of PEP.....

3.

Based on my responses to the above:

- I confirm that I am a Politically Exposed Person (PEP)
- I confirm that I am not a Politically Exposed Person (PEP)

.....  
Member's signature

.....  
Date (DD/MM/YYYY)

**We are Unique**