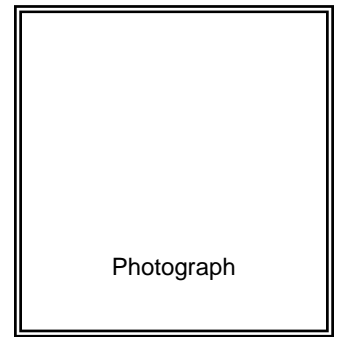




**RHAND CREDIT UNION  
CO-OPERATIVE SOCIETY LIMITED**

**MEMBERSHIP APPLICATION FORM**



**Part - 1**

**Identification Data**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Other Names: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
I.D. Card No\*\*.: \_\_\_\_\_ B.I.R File No.: \_\_\_\_\_  
Driving Licence No.: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Country of Issue: \_\_\_\_\_  
National Insurance No.: \_\_\_\_\_ (\*\*\*) Badge No.: \_\_\_\_\_  
Sex: Male [ ] Female [ ] Date of Birth: 

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Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Civil status: [ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Widowed  
[ ] Common Law [ ] Other \_\_\_\_\_  
Name of Spouse \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_

**Part - 2**

**Residence, Employment, Contact & Fiscal Data**

Residential Address: \_\_\_\_\_  
Mailing Address\*\*\*\*: \_\_\_\_\_  
Name of Employer/Business Name: \_\_\_\_\_  
Address of Employer/Business: \_\_\_\_\_  
Employer's Telephone No.: \_\_\_\_\_ Work Email: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_ Current Work Location \_\_\_\_\_  
Occupation: \_\_\_\_\_ Profession: \_\_\_\_\_  
Telephone Nos.: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Home Email Address: \_\_\_\_\_ Pager No. \_\_\_\_\_  
Monthly Salary: \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_  
[ ] \$0 - \$4,999 [ ] \$5,000 - \$9,999 [ ] \$10,000 - \$19,999 [ ] \$20,000 - \$29,999 [ ] over \$30,000

**NB: \*\* Two (2) Forms of I.D. are required \*\*\*\*Two (2) Utility Bills are required**

## Compliance Requirements

### Type of Accounts Desired

Share Savings [ ]	Pension Plus [ ]	Account number _____
Savings Deposits [ ]	F.I.P. [ ]	
RHANDeposit [ ]		
Payment Protector [ ]		

Are you now or have you ever been the holder of public or political office in any company, such as, Head of State, Prime Minister, Head of Government, Government Minister, Parliamentary Secretary, Permanent Secretary, Senior Judicial Official, Senior Military Official, Senior Government Official, chairman, Director, Commissioner or Chief Executive Officer of a state owned company, Commission or Regulatory Body, member of the Tobago House of Assembly, Regional Corporation, Statutory Authority, or a Senior Member of a political party or a senior politician?

Yes [ ]

No [ ]

If yes, give details \_\_\_\_\_

### **Have you ever been a member of a terrorist group?**

Yes [ ]

No [ ]

If yes, give details \_\_\_\_\_

### **Do you now belong to any terrorist group?**

Yes [ ]

No [ ] \_\_\_\_\_

If yes, give details \_\_\_\_\_

### **What value of funds will you pass through the account monthly?**

[ ] \$5 - \$1,999

[ ] \$2,000 – \$4,999

[ ] \$5,000 - \$9,999

[ ] \$10,000 - \$19,999

[ ] over \$20,000

Other \_\_\_\_\_

### **METHOD OF DEPOSITS:**

[ ] Cash

[ ] Cheque

[ ] salary deductions

[ ] Other \_\_\_\_\_

Source of funds/wealth: \_\_\_\_\_

Are you now or have you ever been a member of a credit union?

[ ] Yes

[ ] No

If yes, provide details: \_\_\_\_\_



**DECLARATIONS:**

**MEMBER'S CERTIFICATE, DECLARATION AND CONSENT**

I \_\_\_\_\_ DECLARE AND CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION FOR CREDIT UNION SERVICE(S) IS TRUE AND CORRECT AND FURTHER CONFIRM THAT I AM NOT ENGAGED IN MONEY LAUNDERING, DRUG TRAFFICKING, FRAUD, IDENTITY THEFT OR ANY OTHER CRIMES OR ILLICIT ACTIVITIES. I AM AWARE THAT I AM REQUIRED BY THE ACCOUNT AGREEMENT TO DEPOSIT ONLY GOOD ITEMS TO MY ACCOUNT AND TO REFRAIN FROM USING THE ACCOUNT FOR MONEY LAUNDERING, TERRORIST FINANCING, ANY OTHER CRIMINAL ACTIVITIES, SPECIFIED OFFENCES OR FOR FURTHERING CRIMINAL PURPOSES OR CONDUCTS. I HAVE NOT ASSUMED THE IDENTITY OF ANY OTHER PERSON AND THE FUNDS/DEPOSITS ARE BENEFICIALLY OWNED BY ME AND NO ONE ELSE.

CONSENT IS HEREBY GIVEN TO RHAND CREDIT UNION TO DISCLOSE THIS APPLICATION, ANY INFORMATION CONTAINED IN IT, OTHER RELATED CONFIDENTIAL INFORMATION OF MINE AND CURRENT AND FUTURE DEPOSITS AND OTHER TRANSACTIONS OF MINE TO LAW ENFORCEMENT AGENCIES, REGULATORY AUTHORITIES OF OTHER REGULATED PERSONS.

I PROMISE TO ABIDE BY THE TERMS OF THE ACCOUNT (S) AGREEMENT AND WITH THE STATUTORY PROVISIONS AND BY-LAWS GOVERNING THE OPERATIONS OF RHAND CREDIT UNION, AND I CONSENT TO ALL ENQUIRIES THE CREDIT UNION MAY MAKE ABOUT ME AND TO THE RETENTION OF THIS APPLICATION AND ALL DOCUMENTS TENDERED BY ME IN SUPPORT OF THIS APPLICATION BY THE CREDIT UNION.

Signature of Applicant:	Date signed:
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**For Office Use**

Entrance Fee: Date Fees Received:	_____ (on Application)	Date Approved:	_____
Fees Received By:	_____	President:	_____
Due diligence record completed by & date	_____	Secretary:	_____