



WORKS CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

8-10 Dundonald Street, Port Of Spain. Telephone: 623-6239/7994
 129C Coffee Street, San Fernando. Telephone: 657-5224
 22 Cor, John Shaw & Netto Avenue, Arima. Telephone: 667-5421
 Email: admin@workscu.com Website: www.workscu.com

Assigned Membership #:
Date Posted:

MEMBERSHIP APPLICATION FORM

Section A - GENERAL INFORMATION

Surname(s):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/> Married <input type="checkbox"/> Separated
First Name:	Email:	
Other Names:	Date of Birth: (dd/mm/yyyy)	Nationality:
Home Address:	Contact Nos: (H): (M): (W): (M):	
Mailing Address (if different from Home Address):	ID #1: (Passport, Drivers Permit, National ID)	
	ID#2: (Passport, Drivers Permit, National ID)	

Section B - EMPLOYMENT INFORMATION

Employer/Company Name:	Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Casual <input type="checkbox"/> Self employed <input type="checkbox"/> Temporary <input type="checkbox"/> Fortnightly paid <input type="checkbox"/> Weekly paid <input type="checkbox"/> Monthly paid <input type="checkbox"/> Daily/Hourly rated <input type="checkbox"/> Retired
Job Title/Occupation:	
Company Address:	Date of Employment: (dd/mm/yyyy)

Section C - IF APPLICANT IS A STUDENT

School Name:	Form/Class/Year:
School Address:	Major/Minor (College/University Students ONLY):

Section D - IF APPLICANT IS A MINOR (UNDER 16 YEARS)

Parent/Guardian Full Name:	Contact Nos: (H): (M): (W): (M):
Parent/Guardian's Address:	ID: (Passport, Drivers Permit, National ID)
Parent/Guardian Place of Work:	Occupation:
Date of Birth: (dd/mm/yyyy)	

Section E - DECLARATION

Are you a member of another Credit Union? YES NO

If Yes, Please state name of Credit Union:.....

Are you currently serving on a Credit Union/State Board of Directors/Committee? YES NO

If Yes, Name of Board/Organization:.....

I hereby apply for membership in **WORKS 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 toward further growth of **WORKS CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**.

Please select if you are signing for and on behalf of Applicant who is a minor.

Signature

Date

Section F – FINANCIAL OBLIGATION REGULATION

Remuneration:			
<input type="checkbox"/> Under \$5,000	<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$15,001 - \$20,000
<input type="checkbox"/> \$20,001 - \$30,000	<input type="checkbox"/> \$30,001 - \$40,000	<input type="checkbox"/> \$40,001 - \$50,000	<input type="checkbox"/> OVER \$50,000

Assets:				
<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$250,001 - \$350,000	<input type="checkbox"/> \$350,001 - \$500,000	<input type="checkbox"/> OVER \$500,000

Are you a Politically Exposed Person (P.E.P.) ? YES NO

If YES, please fill out clearly the section below:

Employer:	Position:
Address:	Contact #:

Section G – NOMINATION OF BENEFICIARY

Beneficiary's Name (IN FULL):		Beneficiary's Home Address:	
Relationship to Applicant:	Date of Birth: (dd/mm/yyyy)	ID: (Passport, Drivers Permit, National ID)	Contact Nos: (H): (M):

Beneficiary's Name (IN FULL):		Beneficiary's Home Address:	
Relationship to Applicant:	Date of Birth: (dd/mm/yyyy)	ID: (Passport, Drivers Permit, National ID)	Contact Nos: (H): (M):

I understand that 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 distributed 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 _____
Date

Witnesses to Nomination:

Witness #1		Witness #2	
Name:	Signature:	Name:	Signature:
Address:		Address:	
Date:	Contact #:	Date:	Contact#:

RECOMMENDER NAME: _____ **Account#:** _____

Relationship of Recommender to Applicant:
 Liaison Officer Friend Spouse CU Staff Child Co-worker Relative Marketing

Where did you hear of Works Credit Union? : Radio Newspapers Website Other _____ (please state)

Section H – CUSTOMER DUE DILIGENCE (For Official Use Only)

Referenced against UN1267 List	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Utility Bill	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referenced against other List (CFATF/FATF)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence of Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section I – APPROVAL FOR MEMBERSHIP (For Official Use Only)

The membership number noted on this APPLICATION FORM IS THE NUMERICAL REFERENCE throughout the Credit Union Records and would be used for any transactions thereafter. This Application for Membership is approved by the Board of Directors of **WORKS CREDIT UNION CO-OPERATIVE SOCIETY LIMITED** on this day of, 20.....

Chairman
For and on behalf of the Board of Directors
Works Credit Union Co-operative Society Limited

Assigned Account #:
