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Assigned Membership #:
Date Posted:
Home Branch: <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> T

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:		Contact Nos: (H): (M):	
HOME ADDRESS:		(W): (M):	
MAILING ADDRESS (if different from Home Address): [NO P.O. Box]		DATE OF BIRTH: (dd/mm/yyyy)	COUNTRY OF BIRTH:
		ID #1: <input type="checkbox"/> Passport <input type="checkbox"/> Drivers Permit <input type="checkbox"/> National ID <input type="checkbox"/> PIN	ID #2: <input type="checkbox"/> Passport <input type="checkbox"/> Drivers Permit <input type="checkbox"/> National ID <input type="checkbox"/> PIN
ADDRESS TYPE: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		NATIONALITY:	
DWELLING TYPE: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Board <input type="checkbox"/> Other		COUNTRY OF RESIDENCE:	
IF YOU ARE A FOREIGN NATIONAL, PLEASE FILL THIS SECTION:			
NAME OF FOREIGN BANK:		ACCOUNT NO.:	
ADDRESS OF FOREIGN BANK:		BANK CONTACT#:	TITLE/POSITION OF SIGNATORY:
		TYPE OF FINANCIAL INSTITUTION: <input type="checkbox"/> Bank <input type="checkbox"/> C.U. <input type="checkbox"/> Other	

Section B - EMPLOYMENT INFORMATION

EMPLOYER/COMPANY NAME:	WORK CONTACT NO.
JOB TITLE/OCCUPATION:	DATE OF EMPLOYMENT: (dd/mm/yyyy)
COMPANY ADDRESS:	Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Fortnightly paid <input type="checkbox"/> Contract <input type="checkbox"/> Weekly paid <input type="checkbox"/> Casual <input type="checkbox"/> Monthly paid <input type="checkbox"/> Self employed <input type="checkbox"/> Daily/Hourly rated <input type="checkbox"/> Temporary <input type="checkbox"/> Retired
EVIDENCE OF EMPLOYMENT <input type="checkbox"/> Job Letter <input type="checkbox"/> Payslip <input type="checkbox"/> Contract <input type="checkbox"/> Other (please specify):	

Section C - FINANCIAL OBLIGATION REGULATION

Are you a registered business owner? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, <input type="checkbox"/> Beneficial <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other Legal Arrangement	
REGISTERED NAME OF BUSINESS:	REGISTRATION NO.
REGISTERED ADDRESS OF BUSINESS:	BUSINESS PHONE:

Section C – FINANCIAL OBLIGATION REGULATION (continued)

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

P.E.P. means a person who is or was entrusted with prominent public functions and refers to any category/relative/associate from the following list: - (PLEASE SELECT WHERE NECESSARY)

- Head of State
- Head of Government
- Senior Members of the Legislature e.g. Speaker of the House & President of the Senate
- Senior Politicians e.g. Members of Parliament, Government Ministers, Mayors, Leaders of Opposition, Chairman & Chief Secretary of the THA, Parliamentary Secretaries
- Senior Government Officials e.g. Permanent Secretaries, Chief Technical Officers & Ambassadors or High Commissioners, Assistant Commissioner of Police of higher rank.
- Judicial Officials e.g. Magistrates, Judges of the Supreme Court, Judges of the Industrial Court, Judges of the Caribbean Court of Justice
- Military Officials – Lieutenant Colonel or higher rank
- Senior Executives of State-owned corporations e.g. Members of the Boards of all Statutory Bodies and State Enterprises including the CONTROLLING interest of State,
- Senior political party officials e.g. Chairman, Political Leader & Deputy Political Leader

If YES to any of the above, please fill out clearly the section below:

Organization:	Position held:
Address:	Contact #:
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	

Section D – IF APPLICANT IS A STUDENT

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

Section E – 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)	
Relationship to Applicant/Minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify):			

Section F - 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**.

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 for and on behalf of Applicant who is a minor (See Section K).

SPECIMEN SIGNATURE OF APPLICANT	WITNESS (Credit Union Official Only)	
	Name:	Signature:
	Title/Position:	
	Date:	

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 OF APPLICANT	DATE

Witnesses to Nomination:

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

Section H – RECOMMENDER/MARKETING DATA

RECOMMENDER NAME: _____	Account#: _____
Relationship of Recommender to Applicant:	
<input type="checkbox"/> Liaison Officer <input type="checkbox"/> Friend <input type="checkbox"/> Spouse <input type="checkbox"/> CU Staff <input type="checkbox"/> Child <input type="checkbox"/> Co-worker <input type="checkbox"/> Relative	
Where did you hear of Works Credit Union? :	
<input type="checkbox"/> Radio <input type="checkbox"/> Newspapers <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Text Message <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Marketing/Promotion Staff	

Section I – MEMBER DUE DILIGENCE (For Official Use Only)

Referenced against UN2253 List	Yes <input type="checkbox"/> No <input type="checkbox"/>
Referenced against NCCT List	Yes <input type="checkbox"/> No <input type="checkbox"/>
T&T Consolidated List of Court orders	Yes <input type="checkbox"/> No <input type="checkbox"/>
Background Checks	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Address Utility Bill	Yes <input type="checkbox"/> No <input type="checkbox"/> (<input type="checkbox"/> WASA <input type="checkbox"/> Phone <input type="checkbox"/> Electricity <input type="checkbox"/> Cable <input type="checkbox"/> Bank Statement <input type="checkbox"/> Other)
Proof of Income/Employment	Yes <input type="checkbox"/> No <input type="checkbox"/> (<input type="checkbox"/> Job Letter <input type="checkbox"/> Payslip <input type="checkbox"/> Business Registration <input type="checkbox"/> Other)

Section J – APPROVAL FOR MEMBERSHIP

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.....		Assigned Membership #: _____
CHAIRMAN:	Account No.:	AUTHORISED SIGNATURE For and on behalf of the Board of Directors Works Credit Union Co-operative Society Limited
SECRETARY:	Account No.:	
Compliance Officer Signature:		

DATE RETROSPECT DUE DILIGENCE WAS CONDUCTED:

SECTION K – AUTHORISATION FOR OPERATION OF A MINOR'S ACCOUNT

The persons indicated below are hereby duly authorised to make withdrawals or access credit facilities on this account and on behalf of the applicant who is a minor*.

NAME OF PARENT/GUARDIAN:
ID#: <input type="checkbox"/> Passport <input type="checkbox"/> Drivers Permit <input type="checkbox"/> National ID <input type="checkbox"/> PIN

AUTHORISED PERSONS ON ACCOUNT:

FULL NAME:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Minor:
SPECIMEN SIGNATURE OF AUTHORISED PERSON:	ID#: <input type="checkbox"/> Passport <input type="checkbox"/> Drivers Permit <input type="checkbox"/> National ID <input type="checkbox"/> PIN	
	If individual is a member of Works Credit Union, Membership No:	

FULL NAME:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Minor:
SPECIMEN SIGNATURE OF AUTHORISED PERSON:	ID#: <input type="checkbox"/> Passport <input type="checkbox"/> Drivers Permit <input type="checkbox"/> National ID <input type="checkbox"/> PIN	
	If individual is a member of Works Credit Union, Membership No:	

* Applicant is considered minor once they are under 16 years of age. Until such age has been attained, only the authorised person(s) indicated above on account can withdraw from the minor's account.