CLICO CREDIT UNION

CLICO CREDIT UNION CO-OPERATIVE SOCIETY LIMITED APPLICATION FORM

CCU Account # .....

SECTION 1: PERSONAL INFORMATION

☐ Adult ☐ Minor

First Name: ..... M: ..... Last Name: .....

Residential Address: .....

Gender: ☐ Male ☐ Female Contact#: ..... (Home) ..... (Mobile) ..... (Work)

Mailing Address: .....
(If different from above)

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Common Law

Date of Birth: ..... (DD/MM/YY) Place of Birth: ..... Nationality: .....

Identification Information (Two (2) Valid Forms):

..... (NAT. ID | DP | PP) ..... (Country of issue) ..... (Issue Date: DD/MM/YY) ..... (Expiry Date: DD/MM/YY)

..... (NAT. ID | DP | PP) ..... (Country of issue) ..... (Issue Date: DD/MM/YY) ..... (Expiry Date: DD/MM/YY)

..... (Birth Certificate Pin Only accepted with Nat. ID or PP) ..... (Country of issue)

Email: ..... (Work) Email: ..... (Personal)

Purpose & Nature Of Business Relationship:

☐ Savings and Investments ☐ Loan and Credit Facilities ☐ Other: .....

SECTION 2: EMPLOYMENT INFORMATION

Employment Status:

☐ Permanent ☐ Contract ☐ Casual ☐ Self-Employed ☐ Temporary ☐ Unemployed ☐ Retired ☐ Student

Company: ..... Occupation/ Profession: .....

Company Address: .....

Date of Employment: ..... Income Cycle: ☐ Monthly ☐ Fortnightly ☐ Weekly ☐ Daily

Annual Monthly Income: ..... Employee Number: .....

Estimated Monthly Contribution to CCU Account: ..... School/University: .....
(if applicant is a student)

Method of Deposit: ☐ Salary Deduction ☐ Bank Transfer ☐ Cash Payment ☐ Cheque ☐ Debit/ Credit Card ☐ Other: ..... (Please state)

Name of Bank: ..... Bank Account Number: .....

Branch: ..... Account Type: .....

SECTION 3: NOMINATION CERTIFICATE

In the event of death, I hereby nominate: .....
(Full Name of Nominee)

To receive money from my account in accordance with the Co-operative Societies Act and the By-Laws of the Society.

Nominee Email: .....

Relation to Member: ..... Contact#: ..... (Home) ..... (Mobile)

Nominee Identification information

..... (NAT. ID | DP | PP | BC PIN) ..... (Country of issue) ..... (Issue Date: DD/MM/YY) ..... (Expiry Date: DD/MM/YY)

If the Beneficiary is a minor (under age 18) and does not have a valid form of Identification, please provide original Birth Certificate.

CLICO CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
APPLICATION FORM

SECTION 4: POLITICALLY EXPOSED PERSON (PEP)

Are you an Individual in Trinidad Tobago or a Foreign Country, Immediate Family Member or Close Personal or Professional Associate of (check ALL that apply):

YES	NO	
☐	☐	1. A current or former senior official in the executive, legislative, administrative or judicial branch of domestic or a foreign government whether elected or not.
☐	☐	2. A senior official of a major political party.
☐	☐	3. A senior executive of a domestic or foreign government owned commercial enterprise.
☐	☐	4. A senior military official
☐	☐	5. An immediate family member of a person above 1 to 4 (spouse, parents, siblings or children) or the parents siblings and additional children of the person's spouse.
☐	☐	6. A close personal or professional associate of the person persons mentioned above in 1-4.
☐	☐	7. Any individual who is or have been entrusted with a prominent function by an international organization such as the UN and affiliates OAS, IDB, ILO, CFATF etc.

If You have answered yes to any of the Section 4 questions above, please complete the Additional Information Form.

SECTION 5: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

YES	NO	
☐	☐	1. Are you a citizen of any country other than Trinidad and Tobago?
☐	☐	2. Are you a U.S. Citizen, Resident or Green Card Holder?
☐	☐	3. Do you have a US address?
☐	☐	4. Are you a Grantee of a Power of Attorney or an authorized Signatory with a US Address.
☐	☐	5. Are you giving instructions for the transfer of dividend/other income to a US Account?

Under Penalty of Perjury, I certify that:

- The information herein is to the best of my knowledge and belief to be true and correct.
- I agree for CLICO Credit Union Co-operative Society Limited (CCU) to provide any information in this section or any information related to my accounts with CCU to the relevant tax authorities in compliance with FATCA.
- I will notify CCU immediately in the event of any change in the information stated in this section.

If you have answered yes to questions 2-5, please complete W-9 or W-8BEN Forms

SECTION 6: DECLARATION

I, ... (NAME IN BLOCKLETTERS), hereby certify that the information given in this Declaration filed with CLICO Credit Union Co-operative Society Limited is TRUE and CORRECT.

I agree for CLICO Credit Union Co-operative Society Limited (CCU) to provide any information related to my accounts to the relevant tax authorities in compliance with FATCA.

Membership Fee Clause:
Membership with the credit union commences from the date of approval, upon payment of a non-refundable entrance fee and the value of at least one (1) full share. Members are required to purchase a minimum of $250.00 in shares annually to maintain active membership status.

Acknowledgment:
I acknowledge that I have read, understood, and agree to the terms and conditions outlined above.

SECTION 7: GENERAL INFORMATION

Where did you hear about us?

☐ Social Media ☐ Newspaper
☐ Radio ☐ Other : .....
☐ CCU Youth Arm

Preferred Method of Communication:

☐ Phone Call ☐ E-mail ☐ Mail

Would you like to receive email notifications of CLICO Credit Union's products and services:

☐ Yes ☐ No

Recommender's Name: ..... Relation to Recommender: .....

Recommender's Member #: ..... Contact#: ..... Home ..... Mobile

..... **Signature** ..... **Date: DD/MM/YY**

The Board of Directors reserves the right to request any additional information upon consideration of this application.

SECTION 8: ***OFFICIAL USE***

Document Checklist

- ☐ Two (2) forms of valid Identification
- ☐ Proof of Address (No older than 3 months)
- ☐ Proof of Employment (No older than 3 months)
- ☐ Proof of Income (Most recent payslip/statement)
- ☐ Self-Employed – Business Documents and Bank Statements
- ☐ Unemployed person – Evidence to support how the account will be funded
- ☐ Beneficiary Identification
- ☐ Bank Reference Letter – Foreign/Non-Residents
- ☐ Letter of Recommendation

Compliance Verification

- ☐ UN Security Council Resolution 1267/1989/2253 Sanctions List
- ☐ UN 1988 Sanctions Committee List
- ☐ Economic Sanctions Order (IRAN)
- ☐ Economic Sanctions Order (DPRK)
- ☐ FATF Non-Cooperative Countries and Territories
- ☐ Trinidad and Tobago Consolidated List of Court Orders S.22B(3) of ATA
- ☐ Is applicant a PEP?
- ☐ Is applicant a Foreign Person?

Checked By:	**Entered By:**	**Authorized By:**	**Compliance Check:**
(Print Name)	(Print Name)	(Print Name)	(Print Name)
(Signature)	(Signature)	(Signature)	(Signature)
DATE:	DATE:	DATE:	DATE: