

Membership #



BANK EMPLOYEES CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Cor. Bournes Road and Angelina Street, P. O. Box 4660, St. James

☎ 622-9634/622-4035/628-4884 FAX: 628-2559

E-Mail: service@becuonline.com | Website: www.becuonline.com

MEMBERSHIP APPLICATION FORM

I,, of

(Name in Block Letters)

(Home Address)

hereby apply for membership in the **Bank Employees Credit Union Co-operative Society Limited**.

BOND OF MEMBERSHIP

Bye-laws, *Article 4, Membership* shall be open to:

All persons of good character aged 16 years and over who are:

- a. *Employees of Financial Institutions (Banks, Insurance Companies, Mortgage Finance Companies, etc.*
- b. *Permanent employees of the Society and the Banking Insurance and General Workers Union*
- c. *Immediate family of persons who are already Members, including spouse (common-law relationships included) parents, children (adopted children included), brother and sister*
- d. *Members of other registered Co-operative Societies in Trinidad and Tobago*
- e. *Persons who were already members and who for whatever reason leave their place of employ. In such cases the membership would continue unbroken except where the board dictates otherwise.*
- f. *Employed persons residing or working within a fifteen kilometers (15 Km) radius of the operations of the office of BECU*

MEMBERSHIP QUALIFICATION

You are required to submit the following documents in support of your application: Two forms of picture ID and proof of address; For (d.) membership in another credit union, member statement is required.

Complete only one of the following (see Bond of Membership above):

- a. I am a bona fide employee of
- b. I am a bona fide employee of **Bank Employees Credit Union/Banking Insurance and General Workers Union**
- c. I am the of(Membership #:) who is a
(Specify Relationship to Member)
bona fide member of the **Bank Employees Credit Union Co-operative Society Limited**
- d. I am a bona fide member of Credit Union Co-operative Society Limited, **Membership #:**
- e. Other

PERSONAL DATA

Name	Date Of Birth	Tel. Contact	Mailing Address (Detailed)
	 (H)	
Personal Email Address:	 (C)	Dependents: No <input type="checkbox"/> Yes <input type="checkbox"/> How Many? _____
	(W)	
Identification # (State if DP, Passport, National ID)	Marital Status		
	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>
Country of Birth	Nationality		

SOURCE OF FUNDS DECLARATION

I DECLARE THE SOURCE OF FUNDS FOR THIS ACCOUNT IS :-

EMPLOYMENT DATA

Employer's Name		Employer's Address	
Employer's Tel. #	Occupation	How Long Employed	
Employment Status	Permanent [] Contract [] Self Employed [] Part Time []		

Monthly 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	[]		

POLITICALLY EXPOSED PERSONS DECLARATION

ARE YOU A POLITICALLY EXPOSED PERSON (check ALL that apply):

1. **YES** **NO** 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. **YES** **NO** A senior official of a major political party
3. **YES** **NO** A senior executive of a **domestic** or foreign government-owned commercial enterprise
4. **YES** **NO** A senior military official
5. **YES** **NO** An immediate family member of a person above (spouse, parents, siblings or children) or the parents, siblings and additional children of the person’s spouse.
6. **YES** **NO** A close personal or professional associate of the persons mentioned above.
7. **YES** **NO** 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 Yes, to any of the above please provide details of relationship and complete statement of affairs below:

STATEMENT OF AFFAIRS

CURRENT ASSEST		CURRENT LIABILITY	
Cash on Hand/Bank		Loans =>5yrs	
Stocks Bonds etc		Short term Loans	
Real Estate (Market Value)		Mortgage Loan	
Motor Vehicle/s (Market Value)		Credit Cards	
Household (Furniture/Fixtures, computer etc)		Hire Purchase	
Other Assets (Life Ins, etc)		Other	
Total Assets		Total Liabilities	
<p>NETWORTH= \$ NET WORTH = (Total Assets - Total Liabilities)</p> <p>DEFICIT=\$ DEFICIT = (Total Liabilities - Total Assets)</p>			

I enclose the sum of \$..... in respect of the following:

Entrance Fee		PISA Deposit	
Permanent Shares.		Savings Deposit	
Share Deposit		Other:	
TOTAL			

APPLICANT'S SIGNATURE:

DATE:

NAME OF RECOMMENDER:
(BLOCK LETTERS)

SIGNATURE OF RECOMMENDER:

APPOINTMENT OF NOMINEE/ BENEFICIARY

In the event of my death I, do hereby nominate
 (.....) of to receive any money
 (Relationship to Applicant)
 accruing to me in the Society.

Nominee Data

Name	Date Of Birth	Tel. Contact	Mailing Address (Detailed)
	 (H)	
	 (C)	
	 (W)	
Identification # (State if DP, Passport, National ID or Birth Certificate)		Gender: Male [] Female []	

I, _____ hereby apply for membership in **Bank Employees' Credit Union Cooperative Society Limited** and declare and confirm that the information given in this Membership Application Form is true and correct. I have not assumed the identity of any other person and the funds deposited are beneficially owned by me and no one else. I agree to deposit only valid items into 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 confirm that that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft, or any other crimes or illicit activities.

I promise to abide by the terms of the Statutory Provisions and bye-laws governing the operations of **Bank Employees' Credit Union Cooperative Society Limited**, and the retention of this application and all documents tendered by me in support of this application by the Credit Union.

Applicant's Signature: **Date:**

Witnessed By:..... **Signature:**..... **Date:**

Witnessed By:..... **Signature:**..... **Date:**

FOR OFFICIAL USE ONLY

This application for Membership in the Bank Employees Credit Union Co-operative Society Limited made by

..... (applicant) is hereby approved.

Membership #:

Date Approved:

Secretary

President.....

Recommender's Membership #:

Data Entry
Date Entered:
By:
Reviewed By:

***Standing Order Received:** YES [] NO []

Date Documents Dispatched:

MEMBERSHIP CDD (Customer Due Diligence) CONFIRMATION

Referenced against UN Lists (1267/2253/1988)	Match: YES []	NO []
Referenced against other list (CFATF/ FATF)	YES []	NO []
Proof of Address:- Utility Bill, Correspondence from Registered FI- not more than 6 months old; Voter Registration Card or Tax Assessment	YES []	NO []
Two Forms of photo ID	YES []	NO []

Authorized by:

**Standing order should include a minimum monthly contribution of \$50.00 towards share deposit.*