

## 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: <a href="mailto:service@becuonline.com">service@becuonline.com</a> Website: <a href="mailto:www.becuonline.com">www.becuonline.com</a>

#### YOUTH MEMBERSHIP APPLICATION FORM

			Membership #	
I	am the	·	of	.(Membership
#) who	is a bona fide memb	ber of the Bank	Employees Credit Union Co-operative	Society Limited.
		BOND OF MI	<u>EMBERSHIP</u>	
Bye-laws, Article 4, Membersh	nip shall be open to:			
All persons of good character	aged 16 years and ove	er who are:		
a. Employees of Financ	cial Institutions (Banks	, Insurance Compo	anies, Mortgage Finance Companies, etc.	
b. Permanent employee	es of the Society and the	e Banking Insuran	ce and General Workers Union	
c. Immediate family of	persons who are alrea	dy Members, inclu	ding spouse (common-law relationships incli	ıded) parents, child
(adopted children in	cluded), brother and si	ster		
d. Members of other reg	gistered Co-operative	Societies in Trinid	ad and Tobago	
	ready members and wi	•	ason leave their place of employ. In such casterwise.	es the membership
f. Employed persons re	esiding or working with	iin a fifteen kilome	eters (15 Km) radius of the operations of the o	office of BECU
	MEN	IBERSHIP QU	<u>ALIFICATION</u>	
ou are <u>required</u> to submit the f address; For (d.) membersh			er application: Birth Paper /Two forms of pictement is required.	cture ID and proof
		<u>PERSON</u>	AL DATA	
(APPLICANT'S PERSONA	<u>AL DATA)</u>			
Name	Date Of Birth	Tel. #	Home Address	
		(H)		
		(C)		
Personal Email Address:	Identification	# (State if DP, Pa	ssport , National ID or Birth Certificate):	Gender:
				M

Nationality

Country of birth

# RECOMMENDER'S/SPONSOR'S PERSONAL DATA

Name	Name Employer's Name			Employ	er's Addi	ress
Humo	p.oyo. 0 11am	-		p.oy	J. J. Madi	
Employer's Tel. #	Employer's Tel. # Occupation		How Long Employed			ng Employed
	SOLIE	DCE OE EU	NDS DECL	A DATION		
	<u>300F</u>	KCE OF FUI	NDS DECL	AKATION		
DECLARE THE SOURCE	E OF FUNDS FOR TH	IIS ACCOU	NT IS :-			
	<u>EMPLOYM</u>	ENT DATA	(PARENT o	or GUARDI	<u>4N)</u>	
Employer's Name Employer's				s Addres	s	
Employer's Tel. #		Occup	ation			How Long Employed
		<u> </u>				<u> </u>
Employment Status Permanent [ ] Contract		ontract [ ]	Self Emplo	yed[]	Part Time	ə[]
Monthly Remuneration						
Jnder \$5,000 [ ]	\$5,001 - \$10,000	[ ]	\$10,001	- \$15,000	[ ]	
615,001 - \$20,000 [ ]	\$20,001 - \$30,000	0 []	\$30,001	- \$40,000	[ ]:	\$40,001 - \$50,000 [ ]
Over \$50,000 [ ]						
I enclose the sum of \$	to cover the following	llowing:				
Entrance Fee			\$			
Shares			\$			
Deposits			\$			
Other (specify)				\$		
TOTAL \$						

# PARENT/GUARDIAN'S DECLARATION

I,	do hereby consent to the	application made by my	for Membership
in the Bank Employees Credit U	Union Co-operative Society Li	imited and agree to abide by the rules	s of the Society in this regard.
PARENT'/ GUARDIAN'S SIGNATURE:			DATE:
WITNESSED BY:	SIGNATURE:		DATE:
ı	POLICITICALLY EXPOSI	ED PERSONS DECLARATION	N
RE YOU A POLITICALLY EXPOS	ED PERSON (check ALL that	apply):	
. □ YES □ NO A current or form government, whether elected or not	ner senior official in the executive,	legislative, administrative or judicial bran	nch of domestic or a foreign
.   NO A senior official of the senior official of the senior of the sen	of a major political party		
. <b>TYES NO</b> A senior executive	re of a <b>domestic</b> or foreign government	ment-owned commercial enterprise	
. 🗆 YES 🗆 NO A senior military	official		
. □ YES □ NO An immediate far of the person's spouse.	mily member of a person above (sp	ouse, parents, siblings or children) or the	parents, siblings and additional children
.   YES   NO A close personal	or professional associate of the per	sons mentioned above.	
. <b>TYES NO</b> Any individual w affiliates, OAS, IDB, ILO, CFATF,		prominent function by an international of	organization such as the UN and
If Yes, to any of the above please pro	ovide details of relationship and o	complete statement of affairs below:	
	STATEME	NT OF AFFAIRS	
CURRENT ASSEST	\$	CURRENT LIABILITIES	\$

Loans =>5yrs  Short term Loans  Mortgage Loan  Credit Cards	
Mortgage Loan	
Credit Cards	
Hire Purchase	
Other	
Total Liabilities	\$
Total Liabilities	\$

**NET WORTH** = (Total Assets - Total Liabilities)

**DEFICIT** = (Total Liabilities - Total Assets)

DEFICIT=

## FOR OFFICIAL USE ONLY

This application for Membership in the Bank Employees Credit Union C	o-operative Society Limited made by
	(applicant) is hereby approved.
Membership #:	Data Entry
	Date Entered:
Date Approved:	By:
Secretary	Reviewed By:
President	*Standing Order Received: YES [ ] NO [ ]
Recommender's Membership #:	Date Documents Dispatched:

# $\underline{MEMBERSHIP\ CDD\ (Customer\ Due\ Diligence)}\ CONFIRMATION$

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 / BIRTH PAPER	YES [ ]	NO [ ]

Authorized	by:	 	 	

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