

MT. PLEASANT CREDIT UNION CO-OPERATIVE SOCIETY LTD MEMBERSHIP APPLICATION

DATE:							
BRANCH: MEMBERSHIP #							
SECTION A – PERSONAL DATA							
Name:							
Date of birth:	Identification:		Phone:				
dd/mm/yyyy	ID#:		Home #:				
	DP#:		Cell#:				
	PP#:		Email:				
	Other:						
Current address:							
Mailing Address (if Different from above/No P.O. Box)							
Address Type/Verified							
Resident Non-Resident Country of Residence							
Dwelling Status:							
Own Board DOther							
	Female						
Place of Birth:		Nationality	:				
Marital Status:							
Single □ Married □	Divorced □ Widowe	ed \square Separated \square Other (Ple	ease State):				
Foreign Nationals:							
Foreign Bank Name:		Bank P	hone #:				
Bank Address:							
Account #:							
Type of Reference Received: Authority Type:							
SECTION B - EMI	PLOYMENT INI	FORMATION					
Current employer:							
Employer address:							
Phone:		Fax:	Email:				
Occupation/Job Title:		Permanent Contract	Date of Employment:				
		Self Employed □	Annual Income:				
Evidence of Employment		Temporary					
Evidence of Employment:							
Job Letter □ Pay Slip □ Contract □ Other □							
SECTION C – FINANCIAL OBLIGATION REGULATION Are you a Business Owner? YES NO NO NO NO NO NO NO N							
Beneficial □ Fiduciary □ Other Legal Arrangement □							

Registered Name:	Registration #:						
Business Address:	Telephone #:						
Are You a Politically Exposed Person (P.E.P)? Yes □							
Are You a Politically Exposed Person (P.E.P)? Yes No PEP means a person who is or was entrusted with prominent public functions — Refers to any category/relative/associate from this list: • Head of State • Head of Government • Senior Members of the Legislature e.g. Speaker of the House & President of Senate • Senior Politicians e.g. Members of Parliament, Government Ministers, Mayors, Leader of Opposition • Chairman & Chief Secretary of the T.H.A., Parliamentary Secretaries • Senior Government Officials e.g. Permanent Secretaries, Chief Technical Officers & () Ambassador or High Commissioner, Assistant Commissioner of Police or 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 IDENTIFY MEANS							
SECTION D: Remuneration:							
Under \$5,000							
\$30,001 - \$40,000 □ Over \$40,000 □ Assets							
Under \$100,000	¢250 000 □ ¢250 001 ¢500 000 □ 0vor ¢500 00	0 □					
onder \$100,000	\$550,000 ☐ \$550,001 - \$500,000 ☐ OVEI \$500,00	о _—					
SECTION E – STUDENT APPLICATION							
Name of School:	Address:	Form/Class/Year:					
Name of School: SECTION F – (UNDER 16 YEARS)	Address:	Form/Class/Year:					
	Address:	Form/Class/Year: Relationship:					
SECTION F – (UNDER 16 YEARS)	Address:						
SECTION F – (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address:		Relationship: Place of Work:					
SECTION F – (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact:	Identification:	Relationship:					
SECTION F – (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#:	Identification: ID#:	Relationship: Place of Work:					
SECTION F – (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#: Home#:	Identification: ID#: DP#:	Relationship: Place of Work:					
SECTION F - (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#: Home#: Cell #:	Identification: ID#: DP#:	Relationship: Place of Work:					
SECTION F - (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#: Home#: Cell #: Email:	Identification: ID#: DP#:	Relationship: Place of Work:					
SECTION F - (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#: Home#: Cell #: Email: SECTION G - RECOMMENDER:	Identification: ID#: DP#: PP#: Other:	Relationship: Place of Work:					
SECTION F - (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#: Home#: Cell #: Email: SECTION G - RECOMMENDER: Recommended by: Staff	Identification: ID#: DP#: PP#: Other:	Relationship: Place of Work: Occupation:					
SECTION F - (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#: Home#: Cell #: Email: SECTION G - RECOMMENDER:	Identification: ID#: DP#: PP#: Other:	Relationship: Place of Work:					
SECTION F — (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#: Home#: Cell #: Email: SECTION G — RECOMMENDER: Recommended by: Staff □ Member □ Name	Identification: ID#: DP#: PP#: Other:	Relationship: Place of Work: Occupation:					
SECTION F - (UNDER 16 YEARS) Parent/Guardian Name: Parent/Guardian Address: Telephone Contact: Work#: Home#: Cell #: Email: SECTION G - RECOMMENDER: Recommended by: Staff	Identification: ID#: DP#: PP#: Other: Relative □ Other □ Address	Relationship: Place of Work: Occupation: Account #					

Are You Serving on a Credit Union/State Board of Directors/Committee?	If Yes:						
Yes □ No □	Name of Board & Credit Union:						
APPOINTMENT OF NOMINEE:							
To the count of sixtures and eath. T		h a a h	h - f - 11				
In the event of sickness or death, I receive any monies accruing to me in the Society not exce	eding Fifty Thou	sand Dollars (\$50,0	ne following person/s to 00.00) in accordance				
with Bye Law #10 of the Mt. Pleasant Credit Union Co-ope	rative Society L	td:					
1. Name:			Relationship:				
2. Name:			Relationship:				
Applicant's Signature Signature of MPCU	Representative	Date					
Applicant's Name Name of MPCL (BLOCK LETTERS) (BLOCK LETTERS)	J Representative ETTERS)						
Account Fees		How did y	ou hear about us?				
Entrance Fee: \$		Facebook					
Pass Book: \$		Radio					
Rule Book: \$		Newspaper	r				
Shares: \$							
Deposits: \$							
Total: \$		Other					
For Offici	al Use Onl	v					
		•					
UTLITY BILL WATER PHONE ELECTRICITY	CABLE □	OTHER □					
AUTHORISED SIGNATURE Date							
ACCOUNT#:							
MEMBER'S RISK PROFILE HIGH □	MEDIUM	LOW □					
REFERENCE AGAINST UN 2253 LIST T&T CONSOLIDATED LIST OF COURT ORDERS YES		NO □ NO □					
The account number noted on this FORM IS THE NUMERICAL REFERENCE thereafter. The applicant's name has been referenced against UN2253 list NCCT's and the Consolidated List of Court Orders issued by the High Court	, ISIL (Da'esh) and A	Al-Qaida Sanctions List and	d FATF Recommendations of				
COMPLIANCE OFFICER SIGNATURE	Date						
CHAIRMAN:							
SECRETARY:							
DATE:							
* THIS SECTION IS NOT APPLICABLE FOR NEW MEMBERS							
Date RETROPECT DUE DILIGENCE was conducted							
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