



REGISTERED OFFICE: #35 ROBERTS STREET, WOODBROOK, TRINIDAD, W.I.  
ADDRESS: #35 ROBERTS STREET, WOODBROOK, TRINIDAD, W.I.  
PHONE: 622-4810, FAX: 622-3392 EMAIL – INFO@HUGGINSCU.COM  
FOUNDED: 30<sup>th</sup> JANUARY, 1961 – REGISTERED 1<sup>st</sup> MARCH, 1961 – REGISTRATION No. 291

## **NEW MEMBERSHIP APPLICATION FORM**

Huggins Credit Union strives to be compliant with the Financial Obligation Regulations 2010, the guidelines provided by the Financial Intelligence Unit of Trinidad and Tobago and our own internal policies and procedures. We are required by law to obtain the following information from all persons applying for membership to the credit union:

- Completed Membership Form
- 2 forms of valid Picture Identification (National Identification, Driver's Permit, Passport).
  - If a person does not have a second form of Identification, tick & sign on page 2, that you do not possess another form of Picture Identification; a Birth Certificate will be accepted ONLY in this instance.
- Proof of Address (Utility Bill in your name not older than 3 months).
  - If proof of address is not in your name, then a copy of identification of the person whose name appears on the proof of address and a letter from them confirming the length of time you have resided there.
  - If renting kindly include: Copy of Identification from Landlord, letter from the Landlord stating you are a legal tenant and/or a copy of the Lease Agreement.
- For Non-Residents of Trinidad and Tobago (items above plus):
  - A Character Reference Letter from Foreign Financial Institution (This must be an original letter addressed to Huggins Credit Union.

### **Minors (Under 14 Years)**

- Membership Form
- 2 forms of valid Picture Identification (National Identification, Driver's Permit, Passport) for Parent
- Birth Certificate of Child
- Proof of Address (Utility Bill not older than 3 months) for Parent

### **Additional requirements**

- Passport sized photo
- Job letter addressed to Huggins Credit Union, not more than 3 months old and most recent pay slip
- \$10.00 (representing \$5.00 membership fee and \$5.00 for the purchase of 1 share upon approval)

**Please be advised that missing documents will result in the delayed processing of your application.**

## PERSONAL INFORMATION

Full Name \_\_\_\_\_

Permanent Address (please provide utility bill 3 not more than 3 months old) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Male ( ) Female ( ) Marital Status: Single ( ) Married ( ) Divorced ( ) Other (specify) \_\_\_\_\_

Date of Birth: (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality / Citizenship \_\_\_\_\_

Resident ( ) Non-Resident ( )

Copies of ID'S: DP# \_\_\_\_\_ Exp date \_\_\_\_\_

ID# \_\_\_\_\_ Exp date \_\_\_\_\_

Passport# \_\_\_\_\_ Exp date \_\_\_\_\_

( ) I confirm that I do not have a second form of picture ID and submit my Birth Certificate in its place, and should I ever receive a second form of picture ID, I will immediately present a copy to Huggins Credit Union \_\_\_\_\_  
(Signature)

Contact: Home \_\_\_\_\_ Work \_\_\_\_\_ Ext \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

## EMPLOYMENT INFORMATION

Employment Status (tick one) Permanent ( ) Temporary ( ) Contract ( ) Self Employed ( ) Unemployed ( )  
Retired ( ) Child/Student ( )

Name of Employer/Name of Business (If self-employed) \_\_\_\_\_

Address of Employer/Business \_\_\_\_\_

Job Title/Occupation \_\_\_\_\_ Monthly ( ) Fortnightly ( ) Weekly ( )

Source of Deposits (i.e. Salary, Pension, Income from business etc.) \_\_\_\_\_ Other Income \_\_\_\_\_

Expected Monthly Income: \$ \_\_\_\_\_ BIR File # \_\_\_\_\_

Purpose of Business Relationship \_\_\_\_\_

## COMPLIANCE REQUIREMENTS

Are you now, or have ever been a Politically Exposed Person (PEP) (*refer below*) Yes ( ) No ( )

Are you an INDIVIDUAL or the IMMEDIATE FAMILY of, or a CLOSE PERSONAL/PROFESSIONAL ASSOCIATE of;

- |   |   |
|---|---|
| <input type="checkbox"/> Head of State or Government                            | <input type="checkbox"/> Senior government, Judicial or Military Official |
| <input type="checkbox"/> Senior Politician                                      | <input type="checkbox"/> Senior executives of State owned corporations    |
| <input type="checkbox"/> Director/Board Member of an International organization | <input type="checkbox"/> Important political party officials              |

If yes, give details \_\_\_\_\_

Are you a U.S. citizen or the holder of a U.S. Non-immigrant Visa ? Yes [ ] No [ ]

Citizens of the United States of America (US) or U.S. Non-immigrant Visa holders who have financial assets outside the U.S. exceeding US\$50,000.00 will be subject to the Foreign Account Tax Compliance Act (FATCA) and will be required to sign a consent form.

Senior Management Approval: \_\_\_\_\_  
(Print Name) (Signature) (Date)

Recommender (Non-Member): Name/Position/Contact # (Religious Leaders, Protective services or Senior Management Personnel)

Two References (Family members only) : Name/Relationship/Contact #

- \_\_\_\_\_
- \_\_\_\_\_

## METHOD OF DEPOSITS/PAYMENTS

Standing Order ( )	Over the Counter ( )	Salary Deduction ( )	ACH ( )
Shares Contribution	\$ _____ Monthly ( ) Weekly ( ) Fortnightly( )		
Christmas Club Contribution	\$ _____ Monthly ( ) Weekly ( ) Fortnightly( )		
Family Indemnity Plan FIP	\$ _____ Monthly ( ) Weekly ( ) Fortnightly( )		

## NOMINATION OF BENEFICIARY

*In the event of death, I hereby nominate:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B \_\_\_\_\_ ID,DP,PP # \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

to receive any monies accruing to me in the Society, not exceeding Fifty thousand dollars (\$50,000.00) in the first instance, and the balance to be paid to my Estate.

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Block letters) (Signature)

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Block letters) (Signature)

**Declaration of Applicant:**

I \_\_\_\_\_ DECLARE AND CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION FOR MEMBERSHIP IN THE CREDIT UNION IS TRUE AND CORRECT AND AGREE TO THE RETENTION OF THIS APPLICATION AND ALL DOCUMENTS TENDERED BY ME IN SUPPORT OF THIS APPLICATION BY THE CREDIT UNION.

I PROMISE TO ABIDE BY THE TERMS OF THE ACCOUNT (S) AGREEMENT AND WITH THE STATUTORY PROVISIONS AND BYELAWS GOVERNING THE OPERATIONS OF HUGGINS CREDIT UNION.

I HEREBY AUTHORIZE AND CONSENT TO THE CREDIT UNION RECEIVING AND EXCHANGING ANY FINANCIAL AND OTHER INFORMATION WHICH IT MAY HAVE IN ITS POSSESSION ABOUT ME WITH ANY OF ITS SUBSIDIARIES, GOVERNMENT AGENCIES, LAW ENFORCEMENT AGENCIES, AGENTS, THIRD PARTY ASSIGNEES, OTHER FINANCIAL INSTITUTIONS, CREDIT BUREAUS OR OTHER PERSON OR CORPORATION OR WITH WHOM I MAY HAVE OR PROPOSE TO HAVE FINANCIAL DEALINGS FROM TIME TO TIME. I INDEMNIFY YOU AGAINST ANY AND ALL CLAIMS IN DAMAGES OR OTHERWISE ARISING FROM SUCH DISCLOSURE ON YOUR PART.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Block letters) (Signature)

Recommended By: \_\_\_\_\_ Date: \_\_\_\_\_  
Existing Member (Block letters) (Signature)

*(For official use only)*

Received by: \_\_\_\_\_  
Print name Signature Date

Approved by: \_\_\_\_\_  
Print name Signature Date

Reviewed by: \_\_\_\_\_  
Compliance Officer Signature Date

Referenced: CFATF/FATF Lists:  Yes  No UN1718, 2231, 2253 List:  Yes  No Web/Media:  Yes  No  
Trinidad & Tobago Lists of Consolidated Court Orders  Yes  No

Comments on action taken by CO: \_\_\_\_\_

Approved ( ) Not Approved ( ) Deferred ( ) Account No \_\_\_\_\_  
Secretary \_\_\_\_\_ Date \_\_\_\_\_  
Data Entered By/ Date \_\_\_\_\_ Checked By / Date \_\_\_\_\_