



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: 30th JANUARY, 1961 – REGISTERED 1st 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 relationship and 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 Reference Letter from Foreign Financial Institution (This must be an original letter addressed to Huggins Credit Union.
 - W-9 Form

Minors (Under 18 Years)

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

Gender: 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 Permanent () Temporary () Contract () Self Employed () Unemployed ()
Retired () Child/Student ()

Name of Employer/Name of Business (If self-employed)/Name of School (If Student) _____

Address of Employer/Business/School _____

Job Title/Occupation _____ Monthly () Fortnightly () Weekly ()

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

Expected Monthly Income: \$ _____ BIR File # (if available provide evidence) _____

Purpose of Business Relationship () Shares/Savings () Loan () Other (FIP, Medical Plan etc.)

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, resident or the holder of a Green Card ? Yes [] – W-9 form required 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 and provide a bankers reference from the foreign bank.

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 ()

Frequency of payments Monthly () Weekly () Fortnightly ()

Shares Contribution \$ _____ Family Indemnity Plan (FIP) \$ _____

Christmas Club Contribution \$ _____ Medical Plan \$ _____

NOMINATION OF BENEFICIARY

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

Name: _____

Address: _____

D.O.B _____ ID,DP,PP # _____

Relationship: _____ Phone # _____

Nomination of Beneficiary Witnessed by the following (TWO (2) REQUIRED):

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 _____