



"Empowering our members
to attain financial independence"

CEMCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

#94 Southern Main Road, Plaisance Park, Pointe-a-Pierre
Tel: 659-3823, Fax: 659-0436, Email: cemcuinformation@gmail.com

DATE OF APPLICATION: _____

ASSIGNED A/C No.: _____

MEMBERSHIP APPLICATION FORM

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

[A] APPLICANT'S IDENTIFICATION DETAILS

- Applicant's Full Name: _____ Gender: Male [] Female []
- Date of Birth: _____ Place of Birth: _____ Country of Birth: _____ Nationality: _____
- Status: Please tick:

[a] Resident Individual []	Non-Resident []	Foreign National []	Citizen []
[b] Marital Status: Single []	Married []	Divorced []	Other [] _____
- Please provide two [2] forms of ID:

[a] National ID No.: _____	Issue Date: _____	Expiry Date: _____
[b] Driver's Permit No.: _____	Issue Date: _____	Expiry Date: _____
[c] Birth Certificate No.: _____	Issue Date: _____	Country Issued: _____
[d] Passport No.: _____	Issue Date: _____	Country Issued: _____ Expiry Date: _____
- If applicant is a Child – Give name of Parent who is a CEMCU member: _____

[B] ADDRESS/CONTACT DETAILS

- Applicant's Home/Residence Address: _____
- Years at Current Address: _____ Own [] Rent [] Relative [] Other []
- Previous Address (if less than 3 years): _____
- Mailing Address (if different from B1 above): _____
- Contact Details: Home Tel.: _____ Mobile: _____ Work: _____ Email: _____

Please submit ANY ONE of the following valid documents (within 3 months) as proof of address (**N.B. If the utility bill is not on the applicant's name, written consent and valid identification are required from the bill owner to use the bill**). Please tick:

Electricity Bill [] Telephone Bill (Land line only) [] Wasa Bill [] Bank Statement [] Other [] _____

[C] OCCUPATION DETAILS

- Status: Permanent [] Contract [] Retired [] Homemaker [] Self-Employed [] Unemployed [] Student []

(If retired, please complete No. 2 & 3 below)

- Occupation/Profession (former/current): _____
- Name of Employer/Business Name (former/current): _____

[a] Address of Employer/Business: _____
[b] Years with Current Employer: _____
[c] If Contracted, date of termination: _____
- If Self-Employed, Name & Nature of Business Activity: _____

[a] Address of Business: _____
[b] Certificate of Incorporation (if applicable): Yes [] No []
- If Student, Name of School: _____
- Gross Annual Income: < \$100,000.00 [] \$100,001.00 - \$200,000.00 [] \$200,001.00 - \$400,000.00 [] > \$ 400,000.00 []

[D] OTHER ADDITIONAL DETAILS

- Purpose of Opening Account: _____
- How much \$\$ will pass through the a/c: Cash \$ _____ Cheques \$ _____ Wire \$ _____ Frequency: _____
- Source of Funds: _____
- Source of Wealth: Please tick: Employment [] Business [] Investment [] Inheritance [] Other [] _____
- Spousal Information: Name of Spouse: _____

Date of Birth: _____	Country of Birth: _____	Occupation: _____
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[E] POLITICALLY EXPOSED PERSONS (PEP)

A "politically exposed person" means:

- [a] An individual such as the Head of State or Government, senior politician, senior government, judicial or military officials, senior executives of State-owned corporations and important political party officials who are or have been entrusted with prominent functions – (i) by a foreign country; or (ii) domestically for Trinidad and Tobago;
- [b] Persons who are or have been entrusted with a prominent function by an international organisation, which refers to members of senior management, such as directors and members of the board or equivalent functions;
- [c] An immediate family member of a person referred to in paragraph [a] such as the spouse, parent, siblings, children and children of the spouse of the person; and
- [d] Any individual publicly known or actually known to be a close personal or professional associate of the persons referred to in paragraphs [a] to [c]

A "senior executive of State-owned corporations" means:

- [a] The chairman, deputy chairman, president or vice-president of the board of directors;
- [b] The managing director, general manager, comptroller, secretary of treasurer; or
- [c] Any other person who performs for the body corporate functions similar to those normally performed by the holder of any office specified in [a] or [b] and who is duly appointed to perform those functions.

A "senior politician" means:

- [a] A person elected to office in national, local or Tobago House of Assembly elections; or
- [b] A person appointed to serve as a Senator in the Parliament of Trinidad and Tobago, appointed to serve on the Tobago House of Assembly under the Tobago House of Assembly Act or selected to serve as an Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act;

A "senior government official" means:

A Permanent Secretary or any other person appointed as an Accounting Officer under the Exchequer and Audit Act or individual holding equivalent positions in a foreign country.

1. Do you now or have you ever been a politically exposed person (PEP), a senior executive of a State-owned corporation, a senior politician or a senior government official as per the above definitions: Yes [] No []
If yes, give details _____
2. Have you ever been a member of a terrorist group? Yes [] No []
If yes, give details _____
3. Do you now belong to any terrorist group? Yes [] No []
If yes, give details _____
4. Do you reside or work from time to time in a foreign country? Yes [] No []
If yes, indicate foreign address _____

(N.B. - A reference letter is required as confirmation / evidence of prospective foreigner / non-resident's relationship with their foreign bank)

[E] RECOMMENDER (Must be a member of CEMCU for over two (2) years and in good financial standing)

1. Name of Recommender: [Block Letters]: _____ Signature of Recommender: _____
2. Recommender CEMCU Member a/c No.: _____ Date Joined CEMCU: _____
3. How is applicant known to recommender, please state: _____
4. Recommender ID: National ID#: _____ DP#: _____ Passport #: _____
5. Tel/Mobile No.: _____

[F] NOMINATION OF BENEFICIARY

I _____ hereby nominate the following person (s) as beneficiary (ies) to my account. In the event of my death I am aware that the person (s) listed below shall be due monies in the sum of \$ 50,000.00 **only**, in accordance with Section 41:3 of the Co-operative Societies Act.
All remaining funds due to me in this Society shall go to my estate and be subject in all respects to the laws relating to inheritance. I acknowledge that in the event that my outstanding loans exceed my total shares no such monies shall be released to the beneficiary (ies) nominated by this document.

1. Name of Beneficiary: _____
National ID (ID/ DP/ PP): _____ Issue Date: _____ Country Issued: _____ Expiry Date: _____
Relationship to Member: _____
2. Name of Beneficiary: _____
National ID (ID/ DP/ PP): _____ Issue Date: _____ Country Issued: _____ Expiry Date: _____
Relationship to Member: _____



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[G] APPLICANT'S CONSENT AND DECLARATION

I _____ solemnly declare and confirm that the information given by me in this Application for Financial Service (s) is true and correct to the best of my knowledge and belief. I further confirm that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft or any other Crimes or illicit activities. I have not assumed the identity of any other person and the funds / deposits are beneficially owned by me and no one else.

Consent is hereby given to the Organisation to disclose this application or any information contained herein or other related confidential information, to any Law Enforcement Agencies, Regulatory Authorities, Credit Agencies, and other Banks or Regulated persons.

I promise to abide by the terms of the Account (s) Agreement and I consent to all enquiries the Organisation may make about me and to retention of this application and all documents tendered by me in support of this application.

APPLICANT'S NAME (Print) _____ APPLICANT'S SIGNATURE _____ DATE _____

[If the Applicant is a CHILD or is unable to sign, a representative [e.g. Parent, Spouse] may sign on behalf of the applicant and give the requested information]

How did you find out about CEMCU? Flyer [] Social Media [] Website [] Word of Mouth [] Other [] _____

FOR OFFICIAL USE ONLY

[H] STAFF PROCESSING

Documents Checklist:

- [] Two (2) forms of Valid identification (i.e. National identification Card, Drivers Permit, Passport)
- [] Proof of Address
- [] Beneficiary's Valid identification
- [] Proof of Employment – Job Letter (within 3 months)
- [] Proof of income – Pay slip (within 3 months)
- [] Self-Employed – Business Registration and financial statements
- [] Unemployed Persons – Evidence to support how the account will be funded
- [] Applicable to foreigners / non-residents only – Foreign bank reference letter
- [] Other _____

Taken by:

Name of Staff (Print): _____ Signature of Staff: _____

Job Title: _____ Date: _____

[I] MANAGER'S APPROVAL (PEPs ONLY)

MANAGER'S NAME (Print) _____ MANAGER'S SIGNATURE _____ DATE _____

[J] EDUCATION COMMITTEE REVIEW

Approved: [] Deferred: [] Not Approved: []

Additional notes: _____

CHAIRMAN Education Committee (Print) _____ SIGNATURE _____ DATE _____

SECRETARY Education Committee (Print) _____ SIGNATURE _____ DATE _____

[K] BOARD OF DIRECTORS APPROVAL

Approved: [] Deferred: [] Not Approved: []

PRESIDENT Board of Directors (Print) _____ PRESIDENT'S SIGNATURE _____ DATE _____

SECRETARY Board of Directors (Print) _____ SECRETARY'S SIGNATURE _____ DATE _____



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[L] APPLICANT RISK ASSESSMENT

(1) CUSTOMER RISK	YES/NO	RISK SCORE (1 - 3)
Is the applicant a politically exposed person?		
Is the applicant self-employed or a business owner?		
Has evidence / documents proving source of funds been provided and verified?		
Has the applicant provided proof of identification and proof of address?		
Has the applicant been referred by another member?		
Has an open source online media search been completed to include social media platforms?		
Has the applicant been screened against the statutory Sanctions Lists?		
TOTALS		

(2) GEOGRAPHIC RISK	YES/NO	RISK SCORE (1 - 3)
Is the applicant a non-resident? i.e. resides or works from time to time in a foreign country?		
Does the applicant reside in an area of high incidence of criminal activity?		
Is the applicant from a FATF high risk jurisdiction?		
TOTALS		

(3) PRODUCT/SERVICE RISK	YES/NO	RISK SCORE (1 - 3)
Does the applicant operate a cash intensive business?		
Has the applicant's purpose for opening the account been noted?		
Has the applicant's intended frequency and method of passing funds through the account been noted?		
TOTALS		

APPLICANT RISK ASSESSMENT CATEGORIES	RISK SCORES	TOTAL RISK SCORE GUIDE:
(1) Customer Risk		13 - 19 ~ LOW (1)
(2) Geographic Risk		20 - 32 ~ MEDIUM (2)
(3) Product/Service Risk		33 - 39 ~ HIGH (3)
TOTAL RISK SCORES		
APPLICANT'S ASSESSED RISK PROFILE		

Applicant checked against the following:

- UN Security Council Resolution 1267/1989/2253 Sanctions List,
- UN 1988 Sanctions Committee List,
- UN Security Council Resolutions 2231 & 1540,
- UN Security Council Committee resolution 1718,
- Un Security Council Committee resolution 2653,
- The Economic Sanctions (Implementation of the UN Resolutions on Democratic People's Republic of Korea) Order, 2018
- The Economic Sanctions (Implementation of the UN Resolutions on Islamic Republic of Iran) Order, 2018
- T&T Consolidated List of Court Orders
- Open source online media search to include social media platforms

Search details: _____

Additional Notes: _____

Applicant Risk Assessment conducted by:

 COMPLIANCE OFFICER NAME (Print)

 COMPLIANCE OFFICER'S SIGNATURE

 DATE



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APPLICANT NAME: _____

[M] APPLICANT ASSESSMENT FOR MEMBERSHIP

EACH NEW APPLICANT WILL BE ASSESSED ON A POINT SCALE SYSTEM, WHICH WILL BE USED TO ACCEPT NEW MEMBERS INTO CEMCU.

THE CATEGORIES THAT WILL BE USED TO ASSESS EACH MEMBER IS AS FOLLOWS:

1. AGE
2. SALARY RANGE
3. CURRENT ADDRESS AND STATUS
4. EMPLOYMENT STATUS
5. RISK ASSESSMENT PROFILE

THE TOTAL POINTS WILL ADD UP TO 25 AND THE FOLLOWING SCALE WILL GUIDE ACCEPTANCE OF A NEW MEMBER:

1. 1 - 9 NOT ACCEPTED
2. 10 - 16 NEED FURTHER REVIEW (BY MANAGER)
3. 17 - 25 ACCEPTED

THE FOLLOWING ARE THE SCALES THAT WILL BE USED IN EACH CATEGORY:

- | | |
|---|--|
| 1. AGE: 1 TO 17 - N/A
18 TO 25 - 4 pts
26 TO 40 - 5 pts
40 TO 45 - 4 pts
46 TO 55 - 3 pts
55 TO 65 - 2 pts
65 AND OVER - 1pt | 3. ADDRESS: RENTING - 3 pts
RELATIVES - 4 pts
OWN - 5 pts |
|---|--|

- | | |
|--|--|
| 2. SALARY MONTHLY:
UP TO 5K - 2 pts
5K TO 10K - 3 pts
11K TO 20K - 4 pts
OVER 20K - 5 pts | 4. EMPLOYMENT: PERMANENT
PROFESSIONAL 5 pts
TRADESMAN 4 pts
SELF-EMPLOYED 4 pts
SEMI-PROFESSIONAL 4 pts
LABOURER 3 pts
PENSIONER 4 pts
HOUSEWIFE 3 pts |
|--|--|

- 5. RISK ASSESSMENT PROFILE:**
- LOW - 5 pts
 MEDIUM - 3 pts
 HIGH - 1 pt

POINTS ALLOCATED

	<u>SCORE</u>	<u>RECOMMENDED</u>	<u>NOT RECOMMENDED</u>
AGE			
SALARY			
ADDRESS			
EMPLOYMENT			
RISK PROFILE			
<u>TOTAL</u>			

ASSESSED BY:

NAME (Print): _____

SIGNATURE: _____

DATE: _____

REVIEWED BY:

NAME (Print): _____

SIGNATURE: _____

DATE: _____

Note: Children of members 17yrs and under will not be assessed; however their parents' records as a member will be used