

48 & 50 Chacon Street San Fernando Tel: 653-0403

#80 2nd Street, Barataria Tel: 638-5111

Unit 19, Sangster's Hill Mall, Scarborough, Tobago. Tel: 639-5235

MEMBERSHIP APPLICATION FORM

revised 11 April 2017

SECTION A - PERSONAL DETAILS	D. A	
	Date:	
Name of Applicant:	Member A/C #	
First Middle Surname	Employee #:	
Home Address:		
Mailing Address:		
Nationality		
Tel. Nos: Home:		
Date of Birth: / I.D#:	oort/D.P.#:	
Occupation: Employer/Location:		
Business/Employer's Address:		
Telep.	hone #:	
Sources of Other Income:		
Total Monthly Income: 0 - 4,999 5,000 - 9,999 10,000	- 19,999	
Marital Status: Single Married D	ivorced Common-Law	
Name of Spouse: Related Partie	es:	
Spouse Telephone # Work : Cell:	No. of Dependent:	
Reason/Purpose of Account: Savings Loan Insurance	e Other (Specify)	
Reference: (1)	Tel No	
Address:		
Reference: (2)	Tel No	
Address:		
SECTION B - BENEFICIARY DETAILS		
Beneficiary: Relationship:	Tel No	
Address:		
DECLARATION		
I hereby apply for membership in the Progressive Credit Union Co-operative	ve Society Ltd and if admitted. I agree to	
conform to the Bye-Laws or amendments thereof of the said Society.		
SIGNATURE OF APPLICANT: Da	ate of Application:	
SIGNATURE OF WITNESS: RO	Recommender:	

SECTION C: POLITICALLY EXPOSED PERSON (P.E.P.)			
Are you a current or former member of any of the following classes: i. Heads of Government or State?		☐ YES	□ NO	
ii. Senior official in the executive, legislative, administrative or judicial branch of a local or foreign government, whether elected or not?			a YES	□ NO
iii. Senior politician or senior official of a major political party?			☐ YES	□ NO
iv. Senior executive of a government-owned commercial enterprise?		☐ YES	□ NO	
v. Senior military official?		☐ YES	□ NO	
vi. An immediate family member of a person mentioned in paragraphs (i) to (v) meaning the spouse, parents, siblings or children of that person and the parents, siblings and additional children of the person's spouse whether half or whole blood?			☐ YES	□ NO
vii. Close personal or professional associate of a person mention in paragraphs (i) to (v) above?			YES	□ NO
If yes, provide details:				
		•••••		•••••
		•••••		•••••
		•••••		••••••
Name of Applicant:(PLEASE PRINT)		Date:		
Signature of Applicant:				
~.G				***************************************
	••••	••••	•••••	••••
SECTION D - CUSTOMER DUE DILIGENCE				
REFERENCED AGAINST	- YES 🗌	NO □ —		
REFERENCED AGAINST T&T CONSOLIDATED LIST OF COURT ORDERS	YES 🗌	NO 🗆 —		
REFERENCE AGAINST OTHER LIST (CFAFT/FATF)	YES 🗌	NO 🗆		
DETAILS				
DOCUMENTS ATTACHED Utility Bill		□ yes	□ NO	
Identification		☐ YES	\square NO	
Job Letter/ Payslip		☐ YES	\square NO	
FOR OFFICIAL	USE ON	LY		
Approved:		Date:		
Secretary:				
occitary.		Date:		