



## **Member's Information Update**

Section 1: Personal Data						
First Name	Middle Name		Surname			
Address						
Mailing Address (If different from above)						
Geographic Location						
City Of Port Of Spain ☐ City Of S	San Fernando	☐ Region C	Of Tunapuna/Piarco □			
Borough Of Arima	h Of Point Fortin	☐ Borough	Of Chaguanas			
Region Of Siparia	Of Penal/Debe	☐ Region C	Of Mayaro/Rio Claro □			
Region Of Diego Martin   Region   Region	Of Sangre Grande	☐ Region (	Of Couva/Tabaquite/Talparo □			
Ward Of Tobago ☐ Region © Other	Of Princes Town	☐ Region (	Of San Juan/Laventille			
Date of Birth (DD-MM-YYYY)		Gender Female	] Male □			
Place of Birth		Country of Birth				
Nationality		Marital Status (Pleas	e click the appropriate box)			
National 🗆 Non-National 🗆		Single □ Married □ Divorced □				
Resident $\square$ Non-Resident $\square$		Widowed □ C	Common Law 🗆 Other 🗆			
Identification No:     Nat ID:     □     □     PP:     □     Country of Issuance       Expiry Date (DD-MM-YYYY)						
Birth Certificate Pin No.		Country Of Issuance	1			
Home No.: Cell Nos.: Work & Ext:		Email: Email: Email (Work):				
	l.					
SECTION 2: EMPLOYMENT INFORMATION						
Employment Status ( Tick All that Applies )						
Permanent ☐ Temporary ☐ Casual ☐ Contract ☐ Self-Employed ☐ Unemployed ☐ Retired ☐						
Sector Employed						
Public Private Self-Employed Other   Average Monthly Income						
Average Monthly Income         Under \$5,000       □       \$5,001 - \$15,000       □       \$15,001 - \$25,000       □       \$25,001 - \$35,000       □						
\$35,001 - \$50,000 \( \square\$ \)	•	55,001 \$25,000 □	Over \$80,001 □			
Occupation Employee No.						
Employer						
Employer's Address						
Share Savings □ □	Deposit Savings □		Other			
Source of Income for Funding Account						
Via Salary □ Bank Account □ Pension □ Other (Specify other source of funds)						
Purpose and Nature Of Business Relationship						
Shares □ Deposit □ Loan □ Other □						

SECTION 3: POLITICALLY EXPOSED PERSONS (PE						
Individuals who are or have been entrusted wit	•	y a foreign	country o	r in Trinic		
Please tick if you fall into any of these categorie	S:				Yes	No
1) Head of State						
2) Head of Government						
Senior Politicians [Parliament Members (national, local or THA elections), Senators, Appointed to serve in the THA under the THA Act, Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act]						
4) Senior Government Official [Permanent Sec Audit Act, or holding equivalent positions in		er under th	e Exchequ	er &		
5) Senior Judicial Official [Chief Justice, Judges of the Supreme Court (Appeal & High Court Judges), Masters of the Supreme Court, Industrial Court Judges, Caribbean Court of Justice Judges, The Registrar, Deputy Registrar, Assistant Registrar, Chief Magistrate, Deputy Chief Magistrates and Magistrates of the Magistracy]						
6) Senior Military Officials [e.g. Defence Force - Major General, Brigadier General, Colonel, Lieutenant Colonel. Air Guard - Group Captain, Wing Commander, Squadron Leader. Coast Guard - Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force]						
7) Senior Executive of State Owned Corporations - [Chairman, Deputy Chairman, President or Vice President of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other person who is duly appointed to perform functions similar to those normally performed by the holder of any office specified]						
8) Important Political Party Official [Chairman, Deputy Chairman, Secretary, Treasurer of a political party registered under the Representation of the People Act or individuals holding equivalent positions in a foreign country]						
9) Immediate Family Member of Individuals described above [Spouse, Parent, Siblings, Children & Children of the Spouse of that person]						
10) Persons who are or have been entrusted with prominent functions by an international organisation which refers to members of senior management [eg. directors and members of the board or equivalent functions]						
11) Close personal or professional associate of the PEP						
hereby certify that the above information is  Member's Signature	Date	(DD-MM-Y			_	
Section 4: Foreign Account Tax Compliance Act (FATCA) Declaration						
Please tick if you fall into any of these categorie  Are you a Citizen of any Country Other than Trini		Yes	No 🗆	passport	opies of relev c(s) to be pro	
give details)  - W-9 OR W-8BEN - Document valid citizenship - Non-US passpor documentation - establishing fo citizenship				OR W-8BEN ument validatenship I-US passport umentation cablishing fore	or similar	
Are you a grantee of a power of attorney or an a	uthorised signatory				VAV ODENI	

W-9 OR W-8BEN

W-9 OR W-8BEN

Are you giving standing instructions for the transfer of dividend income/regular income to a U.S. account?

with a U.S. address?

SECTION 4: FOREIGN ACCOUNT TAX COM	MPLIANCE ACT (FATCA) DECLAR	ATION				
Please tick if you fall into any of these ca	_	Yes	No			
Are you a person who must comply with disclosure requirement of tax						
residency?  If Yes, Please list the Country(ies) of Residence.	doney for Tay Burnoses and Corre	cnonding	Social Soci	rity Number (SSN) or Individual		
Tax Identification Number (ITIN) Details.	deficy for Tax Purposes and Corre	sponding :	sociai secu	Tity Number (55N) or individual		
Country 1:		SSN / ITIN	N:			
Country 2:		SSN / ITIN	N:			
Country 3:		SSN / ITIN	N:			
If you have ANSWERED YES T	O ANY of the questions in this so	ection, ple	ase comple	ete this declaration:		
Under Penalty Of Perjury, I Certify That:						
i) The information herein is to the best of my knowledge and belief to be true and correct						
ii) I am not a citizen or resident for tax purposes of any country other than those listed in this section						
iii) I will notify central bank employees' credit union immediately in the event of any change to the information stated in this section.						
iv) I agree that Central Bank Employees' Credit Union can provide to the United States Internal Revenue Service (U.S. IRS) and to any relevant tax authority (or any party authorised to act on behalf of such authority) any of the information provided in this section or any information that may be required to be provided by law to the U.S. IRS or other relevant tax authority relating to my account(s) with Central Bank Employees' Credit Union.						
Member's Signature Date (DD-MM-YYYY)						
Section 5: Other Information						
Preferred Method Of Communication (Tick All that Applies )         Phone Call □       Email □       Text Messages □       Postal Mail □       Other □						
Are you a member of any other credit union? Yes \( \square\) No \( \square\)						
If yes, state name of credit union						
Are you on the Board or Committee(s) of another credit union? Yes $\Box$ No $\Box$						
If yes, state whether Board and/or name of committee and position held						
Section 6: Spouse or Next of Kin Information						
Surname	First Name		Contact I	No.		
Is spouse a member of Central Bank Employees' Credit Union? Yes   No						
If yes, state Member No.						

Your membership is on the understanding that you will abide by the rules and bye-laws of Central Bank Employees' Credit Union. Failure to do so may result in your expulsion from the organisation.

SECTION 7: OFFICIAL USE ONLY							
Is Ac	count Joint	No 🗆	Joint Member Name	Joint Member No			
FATF	List Checked		CFATF List Checked	PEP Completed			
Yes [		No □	Yes □ No □	Yes □ No □			
Mato Yes [	ch Found	No □	Match Found  Yes □ No □  UN 1267 ISIL (Da'esh) & Al-Qaida	Member Identified  Yes □ No □  T&T Consolidated List of Court Orders			
			Sanctions List Checked Yes □ No □	Yes \( \sigma \) No \( \sigma \)			
FATCA Dec. Completed			res 🗆 NO 🗆				
Yes □ No □		No □	Positive Match	Positive Match			
UN 2231 List on Iran Nuclear Issue Checked Yes  No		n Nuclear Issue	Yes □ No □ UN1718 Sanctions List Materials (DPRK) Yes □ No □	Yes □ No □			
			Positive Match				
Positive Match			Yes □ No □				
Yes □ No □ Checked by:			Signature	Date (DD-MM-YYYY)			
000				,			
Proc	essed by:		Signature	Date (DD-MM-YYYY)			
Appr	oved by:		Signature	Date (DD-MM-YYYY)			
Chec	k List				Check Box		
1) Two (2) forms of valid government issued identification (i.e. National Identification Card, Driver's Permit,							
Passport) 2) Proof of Address must carry applicant's name (i.e. Utility Bill excluding mobile bills) 3) (N.B. If the utility bill is not on the applicant's name, written consent and valid gov't issued identification are required from the bill owner to use the bill)							
4) Joint Partner's &/or Beneficiary's Valid Government Issued Identification (i.e. National Identification Card, Driver's Permit, Passport) (N.B. Joint Member (minimum age 14 years) must be a member of Central Bank Employees' Credit Union)							
5)							
6) Business Registration Certificate or Articles of Association and Income & Expenditure Statement or Bank							
Statements for the last three (3) months  7) Letter from person funding the account, Job Letter (not older than 3 months), Payslip (not older than 1 month) & valid gov't issued identification							
8) Pension letter from Gov't / Private Instutition, Pension Slip or last 3 months Bank Statement outlining pension deposits							
	P) Foreigners - A reference letter is required as confirmation/evidence of prospective member's relationship  with their foreign bank (legal requirement)						