



Service Strength Stability

CENTRAL BANK EMPLOYEES' CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

I, _____
First Name Middle Surname

Current Address: _____
(Block letters)

Mailing Address: _____
(If different from above)

(Certified by Attached Utility Bill) Yes ☐ No ☐

Hereby apply for membership in the above named Co operative Society.

Date of Birth: _____ Gender: Male ☐ Female ☐
(dd/mm/yyyy)

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common Law ☐

Contact Information: Office _____ Home _____ Mobile _____

Email Address: _____

At least two (2) of the following forms of identification **must** be provided: Passport, Driver's License, National Identification

DP/ID/PP # 1) _____ Expiry Date of ID _____

DP/ID/PP #2) _____ Expiry Date of ID _____

EMPLOYMENT INFORMATION

Name of Employer: _____

Address of Employer: _____

(PLEASE ATTACH PAYSLIP AND/OR JOB LETTER FROM EMPLOYER)

Occupation/Profession: _____

Department: _____

Business Phone No: _____ Fax No: _____

Employment Status: Permanent ☐ Self-Employed ☐ Contract ☐ Retired ☐ Casual ☐ Temporary ☐

Effective Date of Employment: _____

Salary Payment: Monthly ☐ Fortnightly ☐ Weekly ☐ Daily ☐

STUDENT APPLICATION (If Applicable)

School Name: _____
(Block letters)

School Address: _____
(Block letters)

Form/Class/Year: _____

Name of Parent: _____

Address of Parent: _____
(If different from above)

I _____ declare and confirm that the information given in this Membership Application Form is true and correct. I have not assumed the identity of any other person and the funds deposited are beneficially owned by me and no one else. I am aware that I can only deposit valid items into my account and to refrain from using the account for Money Laundering, Terrorist Financing, any other criminal activities, specified offences or for furthering criminal purposes or conducts. I confirm that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft, or any other crimes or illicit activities.

I am a bona-fide employee of the Central Bank of Trinidad and Tobago, Trinidad and Tobago Unit Trust, Deposit Insurance Corporation, Home Mortgage Bank, Member's spouse, Member's dependent,

Retiree which forms the 'common bond' for membership in the said credit union. I hereby agree to conform to the provisions of the Co-operative Societies Chap. 81:03, Act 22 of 1971, and the Bye Laws of the Central Bank Employees' Credit Union Co-operative Society Limited and any amendments made thereafter.

Signature of Applicant: _____ Date: _____

Recommended by: _____ Acc. No. _____
N.B Recommender must be a member in good standing

Signature of Recommender _____

Address of Recommender: _____

Employer of Recommender: _____

FOR OFFICIAL USE ONLY

I enclose the sum of: _____

Share Savings	\$
Deposit Account	\$
CUNA (FIP)	\$
Entrance Fee (Applicable to first payment only)	\$

Secretary. _____

President. _____

Membership Account No. _____

Approved ☐ Not Approved ☐

Date _____

The Board of Directors reserves the right to request additional information upon consideration of the application.

Office: Central Bank Building, 15th Floor, Eric Williams Plaza, Independence Square, Port of Spain 625-2601 Ext 2390/2391

