



Service Strength Stability

## CENTRAL BANK EMPLOYEES' CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

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### 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 \_\_\_\_\_

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**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, 15<sup>th</sup> Floor, Eric Williams Plaza, Independence Square, Port of Spain 625-2601 Ext 2390/2391

