



BRANCH:			ACC. #:
ARIMA <input type="checkbox"/>	POS <input type="checkbox"/>	TOBAGO <input type="checkbox"/>	

## NOMINATION CERTIFICATE

PERSONAL DATA (PLEASE FILL OUT IN CAPITAL LETTERS)			
SURNAME:		FIRST NAME:	MIDDLE NAME:
RESIDENTIAL ADDRESS:			DATE OF BIRTH: (dd/mm/yyyy)
MAILING ADDRESS:			ID #: DP <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/> PIN <input type="checkbox"/>
EMAIL ADDRESS:		CONTACT Nos.: (C) (Email)	

NOMINEE SECTION (SIGNATURE OF APPLICANT MUST BE WITNESSED BY TWO (2) OFFICERS OF THE CREDIT UNION)	
I HEREBY NOMINATE:	RELATIONSHIP:
ADDRESS:	
I HEREBY NOMINATE:	RELATIONSHIP:
ADDRESS:	
I HEREBY NOMINATE:	RELATIONSHIP:
ADDRESS:	
I HEREBY NOMINATE:	RELATIONSHIP:
ADDRESS:	

To withdraw the benefits which may accrue to me under the Statutory Provisions governing the operations of Financial Co-operatives in Trinidad and Tobago, in the event of my death while a member of RHAND Credit Union.

Under the current legislation, a duly named nominee of a deceased member of the Society is entitled to the sum of \$50,000.00 of the unencumbered money due to the death of the said member of the Society. The above sum is to be paid within one (1) year of the member's death.

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**

FOR OFFICIAL USE ONLY		
WITNESS:	SIGNATURE:	DATE: (dd/mm/yyyy)
WITNESS:	SIGNATURE:	DATE: (dd/mm/yyyy)