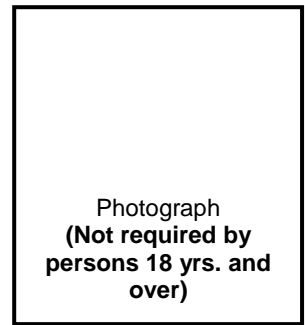




RHAND

Credit Union Co-operative Society Limited

57-61 Abercromby Street, Port of Spain, Trinidad W.I. Tel: 62-RHAND (627-4263), 623-5920, 624-8708/9
Email: info@rhand.org.tt Website: www.rhand.org.tt Registered No. 38 on 27th March 1947



MEMBERSHIP APPLICATION FORM

APPLICANT PERSONAL DATA (Adult/Youth fill in where applicable)

Surname: _____ First/Other Names: _____

Maiden Name: _____ Mother's Maiden Name: _____

Sex: Male [] Female []

Residential Address: _____

Mailing Address: _____

Email Address: _____ Telephone Nos.: _____

I.D. Card No.

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Driver's Permit No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of Issue _____

Country of Birth _____

Country of Citizenship _____

Birth Certificate PIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D D M M Y Y Y Y

B.I.R File No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NIS No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Civil status [] Single [] Married [] Divorced
[] Separated [] Widowed [] Common Law

Name of Spouse _____ Occupation: _____

Which of the following are you to a member? Spouse [] Parent [] Child [] Other []

Name of Member _____

(Youth Applicants only)

Name of Educational Institution Attending: _____

Hobbies: _____

EMPLOYMENT DATA (Adult applicant or Parent/Guardian of YOUTH applicant)

Name of Employer/Business Name: _____

Current Work Location: _____

Telephone No. at current work location _____ Ext _____ How Long Employed _____

Occupation _____ Additional Skills/Training _____

Monthly Salary \$ _____ Other Income \$ _____

Are you now or have you ever been a member of a credit union? Yes [] No []

If yes, provide name/s: _____

METHOD OF DEPOSITS

Standing Order

Over the Counter

Salary Deduction

What value of funds will you pass through the account monthly? \$ _____

COMPLIANCE REQUIREMENTS

Are you now or have you ever been or related to a Politically Exposed Person

Yes

No

Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in Trinidad and Tobago, a foreign country, or who is a senior member of an international organization e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials or the sibling, spouse, parent, children and the parents, sibling, and additional children of the person’s spouse or any individual publicly known or actually known by RHAND Credit Union to be a close personal or professional associate of the PEP.

Are you a U.S. citizen or the holder of a U.S. Non-immigrant Visa ?

Yes

No

Citizens of the United States of America (US) or U.S. Non-immigrant Visa holders who have financial assets outside the U.S. exceeding US\$50,000.00 will be subject to the Foreign Account Tax Compliance Act (FATCA) and will be required to sign a consent form.

PERSONAL REFEREES (Not applicable to youth applicants):

(1)

Name: _____ Relationship: _____

Address: _____

Telephone/Mobile Nos.: _____

(2)

Name: _____ Relationship: _____

Address: _____

Telephone/Mobile Nos.: _____

RECOMMENDER'S DECLARATION

I. _____ HAVING REASONABLE KNOWLEDGE OF THE CHARACTER OF APPLICANT, RECOMMEND HIM/HER FOR MEMBERSHIP IN RHAND CREDIT UNION.

Signature of Recommender

Account Number of Recommender

NOMINEE SECTION (Signature of Applicant must be witnessed by two (2) officers of the Credit Union)

I hereby nominate: _____

Address: _____

Relationship: _____

To draw 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.

Signature of Applicant

RHAND Credit Union Officer

RHAND Credit Union Officer

Signature

Signature

Under the current legislation, a duly named nominee of a deceased member of the Society is entitled to the sum of \$5,000.00 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.

YOUTH ID

This section is for applicants under 18 years of age only

Name (BLOCK LETTERS)

Signature

Expiry Date

____/____/____
DD MM YYYY

This Section is for youth applicants 10 to 17 years of age only

PERSONAL DATA OF PARENT/GUARDIAN:

(i) Surname: _____ First/Other Names: _____

Sex: Male Female

Residential Address: _____

Email Address: _____ Telephone Nos.: _____

I.D. Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Driver's Permit No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relation of Applicant: Parent Guardian

Are you a member of RHAND? Yes No

Signature _____

DECLARATION OF APPLICANT

I _____ DECLARE AND CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION FOR MEMBERSHIP IN THE CREDIT UNION IS TRUE AND CORRECT AND AGREE TO THE RETENTION OF THIS APPLICATION AND ALL DOCUMENTS TENDERED BY ME IN SUPPORT OF THIS APPLICATION BY THE CREDIT UNION.

I PROMISE TO ABIDE BY THE TERMS OF THE ACCOUNT (S) AGREEMENT AND WITH THE STATUTORY PROVISIONS AND BYE-LAWS GOVERNING THE OPERATIONS OF RHAND CREDIT UNION.

I HEREBY AUTHORIZE AND CONSENT TO THE CREDIT UNION RECEIVING AND EXCHANGING ANY FINANCIAL AND OTHER INFORMATION WHICH IT MAY HAVE IN ITS POSSESSION ABOUT ME WITH ANY OF ITS SUBSIDIARIES, AGENTS, THIRD PARTY ASSIGNEES, OTHER FINANCIAL INSTITUTIONS, CREDIT BUREAUS OR OTHER PERSON OR CORPORATION OR WITH WHOM I MAY HAVE OR PROPOSE TO HAVE FINANCIAL DEALINGS FROM TIME TO TIME. I INDEMNIFY YOU AGAINST ANY AND ALL CLAIMS IN DAMAGES OR OTHERWISE ARISING FROM SUCH DISCLOSURE ON YOUR PART.

Signature _____ Date _____

DECLARATION OF PARENT/GUARDIAN OF YOUTH APPLICANT

I _____ DECLARE AND CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION FOR MEMBERSHIP IN THE CREDIT UNION IS TRUE AND CORRECT AND AGREE TO THE RETENTION OF THIS APPLICATION AND ALL DOCUMENTS TENDERED BY ME IN SUPPORT OF THIS APPLICATION BY THE CREDIT UNION.

I PROMISE TO ABIDE BY THE TERMS OF THE ACCOUNT (S) AGREEMENT AND WITH THE STATUTORY PROVISIONS AND BYE-LAWS GOVERNING THE OPERATIONS OF RHAND CREDIT UNION.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

P.O.S. []

ARIMA []

TOBAGO []

Receipt no. and Date		Date Approved	
Administrative Fee		President	
Shares		Secretary	
Fees Received By		Account no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Authorised Signature _____ **Date** _____

Applicant Address

.....
.....
.....

..... / /

The Manager,
RHAND Credit Union,
Co-operative Society Limited,
57-61 Abercromby Street,
Port of Spain.

Dear Sir/Madam,

I Mr. Ms. Mrs., the holder of ID\DP\PP

Number confirm that is

my..... and resides at the above address.

Any courtesies extended will be greatly appreciated.

Thanks for your kind consideration.

.....
Mr. Mrs. Ms.