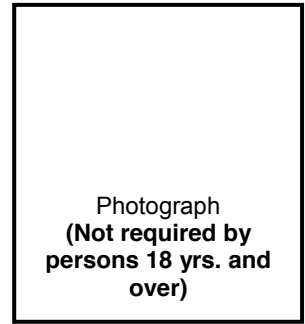




# RHAND

## 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](mailto:info@rhand.org.tt) Website: [www.rhand.org.tt](http://www.rhand.org.tt) Registered No. 38 on 27<sup>th</sup> 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. 

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

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 \$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.



**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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.

