

## REQUIREMENTS FOR MEMBERSHIP APPLICATION

The following must be provided with the completed application form.

1. One (1) passport size photograph (no older than three (3) months) if under the age of 18.
2. Two (2) valid photo IDs (National ID, Passport and/or Driver's Permit).  
Persons with only one (1) form of identification will need to provide their Electronic Birth Certificate.
3. Proof of income:
  - i. **Employed Applicants:** A job letter and pay slip (no older than three (3) months).
  - ii. **Self-employed Applicants (including business owners/shareholders/partnerships):** A copy of Business Registration (Notice of Directors if Limited Liability Company), and Bank Statement/Financials (for the last twelve (12) months).
  - iii. **Financial Dependent Applicants (housewives/young adult dependent):** Proof of income from individual providing support.
4. Verification of address (no older than three (3) months) in the form of one of the following:
  - i. T&TEC, TSTT (land line only), WASA, Direct TV or cable bill.
  - ii. Bank statement, lease agreements, tax assessment, recent correspondence from the Board of Inland Revenue or an equivalent authority.
  - iii. Applicants based abroad are required to provide heating, oil, gas bills as necessary.  
NB: Where the bill is not in the name of the applicant, written authorization (see last page of the application form) must be received from the person named on the bill along with a copy of their valid identification, confirming that the applicant resides at the stated address.
5. NIS number is mandatory for all applicants who are employees.
6. BIR number or Birth Certificate PIN.  
NB: Please note that BIR number is required for persons whose total monthly income exceeds \$7,001.
7. Two personal referees (relatives or persons living at the same address of the applicant will not be accepted).
8. Non-refundable application fee of One Hundred & Sixty-five Dollars (\$165.00) for adults and Fifty Dollars (\$50.00) for children (10 to 17 years).

### Additional Notes:

The **Membership Application** serves for both adult and youth applicants.

A **Personal Referee** is a reference provided by someone who knows you and can attest to the information provided on the application.

A **Guardian** is a person who is entrusted by law with the care of another person such as a minor or someone who is legally incapable of managing his or her own affairs.

Under the **Nominee Section** of the application, the applicant's signature must be witnessed by two (2) employees of RHAND Credit Union.

Persons applying for membership must be citizens of Trinidad and Tobago. Where the individual is a national residing abroad, that person must provide evidence of property ownership or the operation of a business in Trinidad and Tobago.





FOR OFFICIAL USE ONLY			
ACCOUNT No:	BRANCH: ARIMA <input type="checkbox"/> P.O.S. <input type="checkbox"/> TOBAGO <input type="checkbox"/>	DATE APPROVED: (dd/mm/yyyy)	
RECEIPT No:	ADMINISTRATIVE FEE:	SHARES:	PRESIDENT:
RECEIVED BY:		DATE: (dd/mm/yyyy)	SECRETARY:
AUTHORIZED BY:		DATE: (dd/mm/yyyy)	
			PHOTO (Under 18 Yrs.)

## MEMBERSHIP APPLICATION FORM

PERSONAL DATA		
SURNAME:	FIRST/OTHER NAMES:	MAIDEN NAME:
RESIDENTIAL ADDRESS:		MOTHER'S MAIDEN NAME:
		GENDER: F <input type="checkbox"/> M <input type="checkbox"/> DATE OF BIRTH: D D M M Y Y
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)		ID #1: DP <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/> PIN <input type="checkbox"/>
EMAIL ADDRESS:	CONTACT Nos.: H O M E C E L L	COUNTRY OF ISSUE:
NIS No.:	BIR No.:	ID #2: DP <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/> PIN <input type="checkbox"/>
COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:	COUNTRY OF ISSUE:
CIVIL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		
NAME OF SPOUSE:		SPOUSE'S OCCUPATION:
THIS SECTION IS FOR YOUTH APPLICANTS ONLY		
NAME OF EDUCATIONAL INSTITUTE ATTENDING:		HOBBIES:

EMPLOYMENT DATA (ADULT APPLICANT OR PARENT/GUARDIAN OF YOUTH APPLICANT)		
STATUS: PERMANENT <input type="checkbox"/> ACTING <input type="checkbox"/> CONTRACT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> BUSINESS OWNER <input type="checkbox"/> FINANCIAL DEPENDENT <input type="checkbox"/>		
NAME OF EMPLOYER / BUSINESS NAME:		CONTACT No: W O R K E X T
CURRENT WORK LOCATION:		HOW LONG IN CURRENT JOB/BUSINESS:
		PRIMARY MONTHLY INCOME: \$
OCCUPATION:	ADDITIONAL SKILLS / TRAINING	OTHER INCOME: \$

PERSONAL DATA OF PARENT/GUARDIAN (THIS SECTION IS FOR YOUTH APPLICANTS 10 TO 17 YEARS OF AGE ONLY)		
SURNAME:	FIRST/OTHER NAMES:	GENDER: F <input type="checkbox"/> M <input type="checkbox"/>
RESIDENTIAL ADDRESS:	CONTACT Nos.: W O R K   C E L L	
EMAIL ADDRESS:	RELATIONSHIP TO APPLICANT: PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/>	ID #1: DP <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/> PIN <input type="checkbox"/>

DECLARATION	
Are you now or have you ever been a member of a credit union?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, provide name/s:	

METHOD OF DEPOSIT			
STANDING ORDER <input type="checkbox"/>	OVER THE COUNTER <input type="checkbox"/>	SALARY DEDUCTION <input type="checkbox"/>	DIRECT DEPOSIT <input type="checkbox"/>
What value of funds will you pass through the account monthly? \$			

PERSONAL REFEREES (NOT APPLICABLE TO YOUTH APPLICANTS)	
NAME:	RELATIONSHIP:
ADDRESS:	CONTACT Nos.: W O R K   C E L L
NAME:	RELATIONSHIP:
ADDRESS:	CONTACT Nos.: W O R K   C E L L

NOMINEE SECTION (SIGNATURE OF APPLICANT MUST BE WITNESSED BY TWO (2) OFFICERS OF THE CREDIT UNION)			
I HEREBY NOMINATE:	DATE OF BIRTH: D   D   M   M   Y   Y	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.			
_____ SIGNATURE OF APPLICANT			
RHAND CREDIT UNION OFFICER:	SIGNATURE:	RHAND CREDIT UNION OFFICER:	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.			

**COMPLIANCE REQUIREMENTS**

**Are you 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. These include:

- Head of State.
- Head of Government.
- Senior Members of Legislature e.g. Speaker of the House & President of the Senate.
- Senior Politicians e.g. Members of Parliament, Parliamentary Secretaries, Government Ministers, Mayors, Leaders of Opposition, Chairman & Chief Secretary of the THA.
- Senior Government Officials e.g. Permanent Secretaries, Chief Technical Officers, Ambassadors or High Commissioners, Assistant Commissioner of Police.
- Judicial Officers e.g. Magistrates & Judges
- Military Officials - Lieutenant Colonel or higher rank.
- Senior Executives of State-owned Corporations or International Organizations e.g. Members of Boards.
- Senior Political Party Officials e.g. Chairman, Political Leader & Deputy Political Leader.
- Spouse, Parents, Children, Siblings & Close Affiliates of a PEPs and the Spouse, Parents, Children, Siblings & Close Affiliates of the PEP's Spouse.

If you answered yes above, please complete our Due Diligence Form.

**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.

**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 persons 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 path.

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

**ADDITIONAL SERVICES**

**Would you like to apply for Online Access to your account?**      **YES**       **NO**

**Would you like to apply for our Debit-MasterCard?**      **YES**       **NO**

**How did you hear about us?**

**Billboard**       **Employee**       **Family/Friend**       **Radio/TV Ad**       **Social Media**       **Website**



.....  
.....  
.....  
.....  
DD/MM/YYYY

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

Dear Sir,

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

Number ..... confirm that .....

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

Any courtesies will be greatly appreciated.

Respectfully,

.....  
(SIGNATURE)

.....  
(NAME IN BLOCK LETTERS)