



**Lambeau Credit Union Co-operative Society Limited**

34 Lambeau Village Street Lambeau, Scarborough,

Tel: +1 868-639-5060

Membership #
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**APPLICATION FOR MEMBERSHIP**

FORM TO BE COMPLETED IN BLOCK LETTERS ONLY

DATE: 

<i>day</i>			<i>month</i>			<i>year</i>			

<i>How did you find out about the Credit Union?</i>	
<input type="checkbox"/> <i>Friend</i>	<input type="checkbox"/> <i>another Member</i>
<input type="checkbox"/> <i>Relative</i>	<input type="checkbox"/> <i>Credit Union staff</i>
<input type="checkbox"/> <i>Website</i>	<input type="checkbox"/> <i>Other _____</i>

I, ....., of .....

(Name in Block Letters) (Home Address)

hereby apply for membership in the **Lambeau Credit Union Co-operative Society Limited**.

**MEMBERSHIP QUALIFICATION**

*You are **required** to submit the following documents in support of your application:*

*Two forms of picture ID and proof of address;*

- 1. All persons of good character who are engaged or interested in **Lambeau Credit Union** and operate within Trinidad and Tobago;*
- 2. Permanent employees of the Society who are 18 years of age and over; and*
- 3. Other registered Co-operative Societies in Trinidad and Tobago*

*For (3.) above, membership in another credit union co-operative society, a recent member statement is required.*

**PERSONAL DATA**

Name	Date of Birth	Tel. Contact	Mailing Address (Detailed)	
		..... (H)	Dependents: No <input type="checkbox"/> Yes <input type="checkbox"/> How Many? ____	
Personal Email Address:		..... (C)		
		..... (W)		
Identification # (State if DP, Passport, National ID)		<b>Marital Status</b>		
		Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>
Country of Birth		Nationality		

**SOURCE OF FUNDS DECLARATION**

I DECLARE THE SOURCE OF FUNDS FOR THIS ACCOUNT IS :-

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### EMPLOYMENT DATA

<b>Employer's Name</b>		<b>Employer's Address</b>	
<b>Employer's Tel. #</b>	<b>Occupation</b>	<b>How Long Employed</b>	
<b>Employment Status</b>	Permanent [ ]	Contract [ ]	Self Employed [ ]    Part Time [ ]

### Monthly Remuneration

Under \$5,000	[ ]	\$5,001 - \$10,000	[ ]	\$10,001 - \$15,000	[ ]
\$15,001 - \$20,000	[ ]	\$20,001 - \$40,000	[ ]	\$40,001 - \$60,000	[ ]
\$60,001 - \$80,000	[ ]	Over \$80,000	[ ]		

### POLITICALLY EXPOSED PERSONS DECLARATION

#### ARE YOU A POLITICALLY EXPOSED PERSON (check ALL that apply):

1.  YES  NO A current or former senior official in the executive, legislative, administrative or judicial branch of domestic or a foreign government, whether elected or not
2.  YES  NO A senior official of a major political party
3.  YES  NO A senior executive of a **domestic** or foreign government-owned commercial enterprise
4.  YES  NO A senior military official
5.  YES  NO An immediate family member of a person above in 1-4 (spouse, parents, siblings or children) or the parents, siblings and additional children of the person's spouse.
6.  YES  NO A close personal or professional associate of the persons mentioned above in 1-4.
7.  YES  NO Any individual who is or have been entrusted with a prominent function by an international organization such as the UN and affiliates, OAS, IDB, ILO, CFATF, etc.

If Yes, to any of the above please provide details of relationship and complete statement of affairs below:

### STATEMENT OF AFFAIRS

CURRENT ASSEST	\$	CURRENT ASSEST	\$
Cash on Hand/Bank		Loans =>5yrs	
Stocks Bonds etc.		Short term Loans	
Real Estate (Market Value)		Mortgage Loan	
Motor Vehicle/s (Market Value)		Credit Cards	
Household (Furniture/Fixtures, computer etc.)		Hire Purchase	
Other Assets (Life Ins., etc.)		Other	
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>
<p>NETWORTH = \$ <span style="margin-left: 150px;">NET WORTH = (Total Assets - Total Liabilities)</span></p> <p>DEFICIT = \$ <span style="margin-left: 150px;">DEFICIT = (Total Liabilities - Total Assets)</span></p>			



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I enclose the sum of \$..... in respect of the following:

<b>Startup Share Deposit</b>	\$	<b>Savings Deposit</b>	\$
<b>Permanent Shares.</b>	\$	<b>Other Deposit</b>	\$
<b>Share Deposit</b>	\$	<b>Other:</b>	\$
<b>TOTAL</b>	\$		

APPLICANT'S SIGNATURE: .....

DATE: .....

NAME OF RECOMMENDER: .....  
(BLOCK LETTERS)

SIGNATURE OF RECOMMENDER: .....

**APPOINTMENT OF NOMINEE/ BENEFICIARY**

In the event of my death I, ..... do hereby nominate .....

(.....) of ..... to receive any money  
(Relationship to Applicant)

accruing to me in the Society.

**Nominee Data**

Name	Date Of Birth	Tel. Contact	Mailing Address (Detailed)
		..... (H)	
		..... (C)	
<b>Identification # (State if DP, Passport, National ID or Birth Certificate)</b>		..... (W)	
		<b>Gender: Male [ ] Female [ ]</b>	

I, \_\_\_\_\_ hereby apply for membership in **Lambeau Credit Union Cooperative Society Limited** and 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 agree to deposit only 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 that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft, or any other crimes or illicit activities.

I promise to abide by the terms of the Statutory Provisions and bye-laws governing the operations of **Lambeau Credit Union Cooperative Society Limited**, and the retention of this application and all documents tendered by me in support of this application by the Credit Union.

Applicant's Signature: .....

Date: .....

Witnessed By:..... Signature:..... Date: .....

Witnessed By:..... Signature:..... Date: .....

**Membership shall commence from the date of approval by the Board.**



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**FOR OFFICIAL USE ONLY**

This application for Membership in the Lambeau Credit Union Co-operative Society Limited made by

..... (applicant) is hereby approved.

**Membership #:** .....

**Date Approved:** .....

**Secretary**.....

**President**.....

**Recommender's Membership #:** .....

Data Entry
Date Entered: .....
By: .....
Reviewed By: .....

**\*Standing Order Received:** YES [ ] NO [ ]

**Date Documents Dispatched:** .....

**MEMBERSHIP CDD (Customer Due Diligence) CONFIRMATION**

Referenced against UN Lists (1267/2253/1988 )	Match: YES [ ]	NO [ ]
Referenced against Trinidad and Tobago Consolidated List of Court Orders (s.22B(3) of ATA)	YES [ ]	NO [ ]
Referenced against Economic Sanctions Order (IRAN)	YES [ ]	NO [ ]
Referenced against Economic Sanctions Order (DPKR)	YES [ ]	NO [ ]
Proof of Address:- Utility Bill, Correspondence from Registered FI- not more than 6 months old; Voter Registration Card or Tax Assessment	YES [ ]	NO [ ]
Two Forms of photo ID	YES [ ]	NO [ ]
Risk Rating	LOW [ ]	MED [ ] HIGH [ ]

**Authorized by:** .....

*\*Standing order should include a minimum monthly contribution of \$50.00 towards share deposit.*