Lambeau Credit Union Co-operative Society Limited

34 Lambeau Village Street Lambeau, Scarborough, Tobago.
Tel: +1 868-639-5060

TO BE COMPLETED IN BLOCK LETTERS ONLY

I, the undersigned, hereby apply for membership in the above Society for my child. I agree to abide by the Byelaws and Loan Policy now in force and any subsequent amendments thereto. I also agree to pay an Entrance/Administration fee of **$30.00** and purchase Ten Shares at **$5.00** each monthly.

PARENT/GUARDIAN INFORMATION

APPLICANT'S NAME	Mr. □ Mrs. □ Ms. □ *SURNAME* *FIRST*		
RESIDENTIAL ADDRESS			
VERIFICATION	□ Utility Bill (i.e., light, water, landline, cable - must be in Member's name and within 6 months) □ Bank Statement		
POSTAL/MAILING ADDRESS (if different from above)			
TELEPHONE CONTACT	Home	Work	Cell
EMAIL ADDRESS			
MARITAL STATUS	□ Single □ Married □ Divorced □ Widowed □ Separated □ Common-law		
IDENTIFICATION (kindly furnish us with any two)	ID DP PP	EXPIRY DATE DD MM YY DD MM YY DD MM YY	
RELATIONSHIP OF APPLICANT TO CHILD	Mother □ Father □ Other (specify) □ _____		

PARENT/GUARDIAN EMPLOYMENT INFORMATION

EMPLOYER'S NAME:		
WORK ADDRESS:		
PRESENT POSITION:		TELEPHONE:

CHILD'S INFORMATION

CHILD'S NAME	*SURNAME* *FIRST* *OTHER*
DATE OF BIRTH	*day* *month* *year*
AGE OF CHILD	[ ] years [ ] months
SEX	Male □ Female □

NOMINATION OF BENEFICIARY

I, _____ of _____
Applicant's Name *Applicant's Address*

_____
Applicant's Address

□ retain Beneficiary status □ nominate Beneficiary: _____
Beneficiary's Name

Relationship of Beneficiary to Child: _____
(specify)

_____
Beneficiary's Address

Beneficiary's Telephone Contact:

_____ _____ _____
Home *Office* *Mobile*

To receive any monies due to the child by Lambeau Credit Union Co-operative Society Limited, in the event of sickness or death. However, I understand that when the child attains the age of eighteen (18), the child will then have the authority to change this at any time.

POLITICALLY EXPOSED PERSONS DECLARATION

ARE YOU A POLITICALLY EXPOSED PERSON (check ALL that apply to the Jr member):

1. O **YES** O **NO** A current or former senior official in the executive, legislative, administrative, judicial branch of domestic or a foreign government, whether elected or not
2. O **YES** O **NO** A senior official of a major political party
3. O **YES** O **NO** A senior executive of a **domestic** or foreign government-owned commercial enterprise
4. O **YES** O**NO** A senior military official
5. O **YES** O **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. O **YES** O **NO** A close personal or professional associate of the persons mentioned above in 1-4.
7. O **YES** O **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 FOR JUNIOR MEMBER IF PEP

CURRENT ASSETS	**$**	**CURRENT LIABILITIES**	**$**
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**	
Total Assets	**$**	**Total Liabilities**	**$**
NET WORTH= $	**NET WORTH = (Total Assets - Total Liabilities)**		
DEFICIT = $	**DEFICIT = (Total Liabilities - Total Assets)**		

SIGNATURE OF APPLICANT: _____

DATE: _____

WITNESS: _____

WITNESS: _____

FOR OFFICIAL USE ONLY

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

_____ (applicant) is hereby approved.

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

Membership #: .....

Date on which Beneficiary's claim was made: .....

Date Approved: .....

General Manager: .....

Secretary: .....

President: ..... *Standing Order Received: YES [ ] NO [ ]

Recommender's Membership #: .....

Date Documents Dispatched: .....

MEMBERSHIP CDD (Customer Due Diligence) CONFIRMATION

Referenced against UN Consolidated 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 (2) forms of photo ID	YES [ ]	NO [ ]
Risk Rating	HIGH [ ]	LOW [ ]

Authorized By: _____

Position: _____