



# VENTURE CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

## MEMBERSHIP APPLICATION

(all information is held in strictest confidence)

COUVA  AROUCA  SAN FERNANDO

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Name Middle Surname

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Marital Status: \_\_\_\_\_ Gender:  M  F  
D M Y

Email Address: \_\_\_\_\_ E-statements:  Yes  No

Telephone No: Office: \_\_\_\_\_ Home: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Mothers Maiden Name.: \_\_\_\_\_

Home Address: Line 1 \_\_\_\_\_ Mailing Address: Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_ Line 2 \_\_\_\_\_

City/Town: \_\_\_\_\_ City/Town: \_\_\_\_\_

Drivers Licence No.: \_\_\_\_\_ Passport No.: \_\_\_\_\_ National ID.: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

**\*Are you or any of your family members a Political Appointee?**  YES  NO  
(IF YES, please complete our PEP due diligence form)

\*Political appointees include Directors on State Boards, Magistrates, Politicians, the Chief Justice, the Commissioner or Acting Commissioner of Police, Senior Members of the Military, Senior Members of a political party etc.  
\*Family members include spouses, children and siblings

Are you or any joint party of a US national or holder of a Green Card for residency in the US?\*  YES  NO

Are you or any joint party using a US address on this file?  YES  NO

Do you or any joint party have a power of attorney or signatory authority granted to a person with a US address?  YES  NO

Have you or any joint party provided standing instructions to transfer funds to an account maintained in the US?  YES  NO

Have you or any joint party provided instructions to receive funds from a US address?  YES  NO

If you answered YES to Question marked \* please provide your US Tax Identification No. (TIN) \_\_\_\_\_ and copy of your US ID

I will contribute \$ \_\_\_\_\_ monthly/weekly/fortnightly to the purchase of \$20.00 shares and will maintain a minimum of \$20.00 per month as payment towards shares. I hereby authorize the deduction of \$20.00 Entrance Fee from my first contribution to shares.

Signature of Applicant: \_\_\_\_\_

### ADDITIONAL INFORMATION FOR CHILD APPLICANTS ONLY

(Under 16 years of age)

Name of Parent: \_\_\_\_\_ School of Child \_\_\_\_\_

Signature (Parent) \_\_\_\_\_ Birth Certificate/PP No.: \_\_\_\_\_

### OFFICIAL USE ONLY

MEMBER Account No.: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D M Y

This application was considered at a Board meeting on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and was approved / declined.

Employer Code: \_\_\_\_\_ Location Code.: \_\_\_\_\_ Secretary: \_\_\_\_\_

**HEAD OFFICE:**  
No.32 Southern Main Road, COUVA, Trinidad, W.I.  
Mailing Address: P.O. Bag 378, Couva, Trinidad, W.I.  
Website: www.venturecreditunion.com

**TELEPHONE:**  
1 - (868) 225-4VCU (4828)

**AROUCA BRANCH OFFICE:**  
No. 92 Eastern Main Road,  
AROUCA

**SAN FERNANDO BRANCH OFFICE:**  
No. 63 Rushworth Street,  
SAN FERNANDO

**NOMINATION OF BENEFICIARY**

In the event of sickness or death, I hereby nominate \_\_\_\_\_ to receive all monies accruing to me in the Society.

Relationship: \_\_\_\_\_

Beneficiary Address: Line 1 \_\_\_\_\_

Phone Contact No.: \_\_\_\_\_

Line 2 \_\_\_\_\_

City/Town: \_\_\_\_\_

Signature of Applicant

Signature of Witness (VENTURE STAFF)

The Co-operative Societies Act Chapter 81:03 states "A society shall subject to section 30 and unless prevented by order of a court of competent jurisdiction pay to such nominee or legal personal representative as the case may be a sum not exceeding five thousand dollars (\$5,000.00) due to the deceased member from the society. All other monies due to the deceased member from the society shall fall into his estate and be subject to all respects of the laws relating to inheritance including the requirement to pay estate duty."

**RELATIVE CONTACT**

Name of Relative: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
(OTHER THAN BENEFICIARY)

Address: \_\_\_\_\_

How did you find out about us?  Radio  Television  Newspaper  Facebook  Website  Referral  Trade show

You are required to provide the following documents upon submission of your application:

Letter of Employment/Pension/Other Income

Any two of the following:

Evidence verifying residential address

Valid Passport

- Copy of paid utility bills such as water, electricity and/or telephone.

T&T Identification Card

Driver's License

Birth Certificate

Acceptance of your membership is on the understanding that you will abide by the rules and bye-laws of VENTURE. Failure to do so may result in your expulsion from the organisation.

**FOR OFFICIAL USE**

Notes: \_\_\_\_\_  
\_\_\_\_\_

Authorised by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: Risk & Compliance Manager \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_