VENTURE CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

MEMBERSHIP APPLICATION

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS

☐ COUVA ☐ AROUCA ☐ SAN FERNANDO

SECTION A - PERSONAL INFORMATION

Applicant: _____ / _____ / _____
First Name Middle Name Surname

Date of Birth: _____ Gender: M ☐ F ☐ Marital Status: _____
MM/DD/YYYY

_____ _____ _____ _____
National Identification No. Issue Date Expiry Date Country of Issuance

_____ _____ _____ _____
Passport No. Issue Date Expiry Date Country of Issuance

_____ _____ _____ _____
Driver's License No. Issue Date Expiry Date Country of Issuance

_____ _____ _____
Certificate of Birth Pin No. Registration Date Country of Issuance

Nationality: _____ Place of Birth: _____

Mother's Maiden Name: _____ Email Address: _____

Home Phone No.: _____ Mobile No.: _____

Home Address: Line 1 _____

Line 2 _____

City/Town: _____

Mailing Address: Line 1 _____

Line 2 _____

City/Town: _____

SECTION B - EMPLOYMENT INFORMATION

Employer:_____ Occupation: _____

Employer's Address: _____

Work Phone No.: _____ Ext. _____ Date of Employment: _____

Employment Status (Select Any That Applies)

☐ Permanent ☐ Temporary ☐ Casual ☐ Contract ☐ Self-Employed ☐ Unemployed ☐ Pensioner

Salary/Income Frequency

☐ Weekly ☐ Fortnightly ☐ Monthly

☐ Retiree Name of Company/Organization retired from _____

☐ Student, Name of School _____

Salary/Income Range: ☐ Under $5,000.00 ☐ Over $5,000.00 to $10,000.00 ☐ Over $10,000.00

SECTION C - RELATIVE OR EMERGENCY CONTACT

Name of Relative or Emergency contact: _____
(Other than Beneficiary)
Address: _____

Relationship to Member _____ Contact No.: _____

SECTION D - FOR MINORS ONLY (Parent/Guardian) - UNDER 18 YEARS

Parent/Legal Guardian Name: _____ (ID/ DP/ PP):_____

_____ Parent/Legal Guardian Membership No._____
Parent/Legal Guardian Signature

SECTION E - POLITICALLY/PUBLICLY EXPOSED PERSONS (PEP)

A **"politically exposed person" (PEP)** is a public figure who may have affiliation with persons of influence who hold positions that can be abused for the purpose of laundering illicit funds or other predicate offences such as corruption or bribery:

International Organization – Members of senior management such as directors and members of the Board of Directors of equivalent function. United Nations and affiliated international organizations, Organization of America Sates, Inter-American Development Bank, International Labor Organization, and Caribbean Financial Action Task Force.

Government – Head of State, Senior Politician, Senior Government official, Judicial or Military officials, and Senior Executive of State-owned corporations and important political party officials. Senior Government official – e.g., Permanent Secretary, Accounting Officer, Chief Technical Officer, High Commissioner Senior Executives of State Corporation e.g., Board members of all Statutory Bodies. Senior Political Party officials e.g., Chairman, Deputy Chairman, Secretary and Treasurer, Judicial Official e.g. Judges, Magistrates, Military Officials e.g. a Lieutenant Colonel Or high rank.

An immediate family member or any individual publicly known or known to the relevant financial institution to be associated with a PEP.

Are you or have you ever been:	YES	NO
⋗ Entrusted with a prominent function referred to above	☐	☐
⋗ An immediate family member of a person referred to above such as: the spouse, parent, siblings, children, and children of the spouse of that person.	☐	☐
⋗ A close personal or professional associate of the person referred to above	☐	☐

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS ABOVE, ENHANCE DUE DILLIGENCE FORM TO BE COMPLETED.

SECTION F - FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

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

SECTION G - ACCOUNT ACTIVITY

Sources of wealth (How have you accumulated your wealth?) _____

☐ Salary ☐ Investment ☐ Gift/Inheritance ☐ Pension ☐ Other _____

_____ Principal Bankers
_____ Branch/Address of Principal Bankers
_____ Other

How will this account be funded? **Anticipated Level of Activity (Monthly/Weekly/Fortnightly)** - $_____

The Purpose of intended business: ☐ **Shares Savings** ☐ **Fixed Deposit Investment** ☐ **Loan facility**

☐ I Hereby authorize the deduction of $20.00 entrance fee from my first contribution to my shares.

Products and Services
☐ CUNA FIP
☐ **VENTURE** Visa Debit Card
☐ Health Plan

SECTION H - GENERAL INFORMATION

E-Services Application: ☐ Yes ☐ No

How did you find out about us: ☐ Radio ☐ Television ☐ Newspaper ☐ Facebook ☐ Website ☐ Referral ☐ Trade Show

SECTION I - APPOINTMENT OF NOMINEE (Beneficiary)

In the event of my death I, _____ hereby nominate the following person (s) to receive any monies accruing to me in the Society:

1. Name: _____ Contact No.: _____ Percentage (%) _____

Address: _____ Date of Birth: _____ Relationship: _____

2. Name: _____ Contact No.: _____ Percentage (%) _____

Address: _____ Date of Birth: _____ Relationship: _____

The Co-operative Societies Act Chap 81:03 (3) 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 Fifty Thousand Dollars ($50,000.00) 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."

Name of Witness (VCU Representative) (IN BLOCK LETTERS)	Signature of Witness	Date

Name of Witness (VCU Representative) (IN BLOCK LETTERS)	Signature of Witness	Date

SECTION J - MEMBER'S DECLARATION

VENTURE Credit Union Co-operative Society Limited is required to comply with Anti-money laundering and Combating Terrorist Financing legislation (Proceeds of Crime Act and Financial Obligations Regulations, Financial Intelligence Unit) and the Foreign Account Tax Compliance Act.

I hereby apply for membership with **VENTURE** Credit Union Co-operative Society Limited and declare that the information given in this Membership Application Form is true and correct. I agree to abide by the terms of the account(s) agreement and with the statutory Provision and byelaws governing the operations of **VENTURE** Credit Union Cooperative Society Limited. Acceptance of my membership is on the understanding that I will abide by the rules and byelaws of V**ENTURE.** Failure to do so may result in my expulsion from the organization.

Signature of Applicant _____ Date:_____

Name of Witness (VCU Representative) (IN BLOCK LETTERS)	Signature of Witness	Date

FOR OFFICIAL USE ONLY

Notes:_____

_____

_____

_____

Branch Checklist

- ☐ SDN Checked (If Positive match, refer to Compliance Manager)
- ☐ Verification of 2 forms of Valid identification
- ☐ Verification of Proof of Employment & Income
- ☐ Verification of Proof of Address
- ☐ Copy of Birth Certificate/Passport for Minors

Location Code:_____

Department Code:_____

Compliance SDN Checks

- ☐ ISIL (Da"esh) and Al-Qaida Sanctions List UN2253 (formerly UN1267)
- ☐ Trinidad and Tobago Consolidated List of Court Orders
- ☐ (Under Section 22B (3) Anti-Terrorism Act, Ch. 12:07)
- ☐ Is Application a PEP, Which Category _____
- ☐ OFAC Listing Checked

Member Risk Profile

☐ High ☐ Medium ☐ Low

_____
Branch Authorization
(IN BLOCK LETTERS)

_____
Compliance Review
(IN BLOCK LETTERS)

_____ _____
Branch Authorization Signature Date

_____ _____
Compliance Signature Date

_____ _____ _____
Verification Officer (IN BLOCK LETTERS) Verification Officer Signature Date

BOARD OF DIRECTORS APPROVAL

Membership Approved/Declined by the Board of Directors on _____/_____/_____

Member Account No._____

_____
Date of Application

_____
Secretary to the Board (signature)

_____
Ballot Sheet week number