



Aero Services Credit Union Co-operative Society Limited

(Registered No. 102)

Cor. Orange Grove Road & Priority Bus Route, Tacarigua, Trinidad, W.I.

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Account No:

PHOTO

NEW MEMBERSHIP APPLICATION FORM

PERSONAL DATA OR INFORMATION:

Surname: _____ First Name: _____ Other Names: _____

Maiden Name: _____ Mother's Maiden Name: _____ Gender: Male Female

Residential Address: _____

Mailing Address: _____

Email Address: _____ Telephone Nos: (H) _____ (C) _____

Please provide at least Provide Two (2): I.D. Card No: _____ DP No: _____ PP No: _____

Birth Certificate PIN No: _____ Date of Birth: ____/____/____
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Place of Birth: _____ Nationality: _____

Civil status: Single Married Divorced Separated Widowed Common Law

Name of Spouse: _____ Spouse's Occupation: _____

Spouse's Employer: _____

Which of the following are you to a member? Parent Child Beneficiary Spouse Sibling N/A

Name of Relative: _____ (Please provide proof of relation i.e. Birth papers, Marriage certificate, etc)

EMPLOYMENT DATA OR INFORMATION:

Are you employed? Yes No Status: Perm Temp Contract Other

Contract/Temporary Employment Ends: ____/____/____

Name of Employer/Business Name: _____

Address of Employer: _____

Employer's Telephone Nos.: _____ Ext: _____ Date of Employment: ____/____/____

Occupation: _____ Profession: _____

If self employed please state: B.I.R File No: _____ National Insurance No: _____

School (if Applicant is a student): _____

Monthly Income Category:

\$ 1,501 - \$ 5,000 \$15,001 - \$20,000 \$ 5,001 - \$10,000
\$20,001 - \$25,000 \$10,001 - \$15,000 Over \$25,000

Monthly Contribution: _____

Method of Deposits: Standing Order Over the Counter Salary deductions

Source of funds/wealth: _____

* a member's accumulated savings, property less debts whether positive or negative

ADDITIONAL INFORMATION:

Are you now or have you ever been a member of a credit union? Yes No

If yes, provide details: _____

Personal Referees:

Name: _____ Name: _____

Address: _____ Address: _____

Home/ Work No.: _____ Mobile: _____ Home/ Work No.: _____ Mobile: _____

Relationship: _____ (Relative) Relationship: _____ (Friend)

RECOMMENDER'S DECLARATION:

I _____ a member of Aero Services Credit Union, having reasonable knowledge of the character of applicant, recommend him/her for membership in to your Society.

_____/_____/_____
Signature of Recommender Account Number Date:

SELECTION or CHANGE OF BENEFICIARY:

I hereby nominate _____ (Relationship: _____)

To draw the benefits which may accrue to me under the Statutory Provisions governing the operations of Financial Cooperatives in Trinidad and Tobago, in the event of my death while a member of Aero Services Credit Union.

Date of Birth of Beneficiary: ____/____/____ To receive _____ % of any monies accrued to me from the society.

Contact Number: _____ Email address: _____ ID# of Beneficiary: _____

Signature of Applicant _____ Date: ____/____/____

Name / Signature of Witness: _____ / _____ Acc. No. _____

Name / Signature of Witness: _____ / _____ Acc. No. _____

MEMBER'S DECLARATION AND CONSENT:

1. A "politically exposed person" means a person who is or was entrusted with important functions such as:
 - a) A current or former senior official in the executive, legislative, administrative or judicial branch of government, whether elected or not;
 - b) A senior official of a major political party;
 - c) A senior executive of government-owned commercial enterprise;
 - d) A senior military official;
 - e) An immediate family member of a person mentioned in paragraphs (a) to (d) meaning the spouse, parents, siblings or children of that person and the parents, siblings and additional children of the person's spouse
 - f) A close personal or professional associate of the person mentioned in (a) to (d).

Are you now or have you ever been the holder of public or political office in any company, such as, Head of State, Prime Minister, Head of Government, Government Minister, Parliamentary Secretary, Permanent Secretary, Senior Judicial Official, Senior Military Official, Senior Government Official, Chairman, Director, Commissioner or Chief Executive Officer of a state owned company, Commission or Regulatory Body, Member of the Tobago House of Assembly, Regional Corporation, Statutory Authority or a Senior Member of a political party or a senior politician? Yes [] No []

If yes, give details below

CURRENT ASSETS	\$	CURRENT LIABILITIES	\$
Cash on Hand/Bank		Loans=> 5yrs	
Stocks Bonds etc		Short term Loans	
Real Estate (Market Value)		Mortgage Loans	
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)

2. Have you ever been a member of a terrorist group?
Yes () No () If yes, give details _____
3. Do you now belong to any terrorist group?
Yes () No () If yes, give details _____
4. Do you reside or work from time to time in a foreign country? Yes () No ()
If yes, indicate foreign address _____

I _____ declare and confirm that the information given in this application for credit union service(s) is true and correct and further confirm that I am not engaged in money laundering, drug trafficking, fraud, identity theft or any other crimes or illicit activities. I am aware that I am required by the account agreement to deposit only good items to 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 have not assumed the identity of any other person and the funds/deposits are beneficially owned by me and no one else.

Consent is hereby given to **Aero Services Credit Union** to disclose this application, any information contained in it, other related confidential information of mine and current and future deposits and other transactions of mine to the law enforcement agencies, regulatory authorities or other regulated persons.

I promise to abide by the terms of the account (s) agreement and with the statutory provisions and by-laws governing the operations of **Aero Services Credit Union**, and I consent to all enquiries the Credit Union may make about me and to the retention of this application and all documents tendered by me in support of this application by the credit union.

Signature of Applicant _____ Date Signed ____/____/____

OFFICIAL USE ONLY	
Un Sanction 1267 & OFAC lists checked:	Yes () No ()
Members Risk Profile:	High () Medium () Low ()
Compliance Officer: _____	Date: _____
This Application was considered at a Board Meeting on ____/____/____ and was approved [] or rejected [].	
Secretary: _____	President: _____