



AERO SERVICES CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

(Registered No. 102)

12-14 Orange Grove Road, Tacarigua 340606, Trinidad and Tobago, W.I.

T: 868.640.3865/6416/6418/9902 F: 868.640.7783 E: ascu@aeroservicescu.com

Website: www.aeroservicescu.com Facebook: <https://www.facebook.com/AeroServicesCreditUnion>

PHOTO

MEMBERSHIP APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

Branch: Head Office Tobago

SECTION A – PERSONAL INFORMATION

Surname: _____ First Name: _____ Other Names: _____

Residential Address: _____ Gender: Male Female

Mailing Address (if different): _____

E-mail Address: _____ Telephone No: (H) _____ (W) _____ (M) _____

Date of Birth: ____/____/____ Country of Birth: _____ Nationality: _____
DD MM YYYY

_____ / ____/____ / ____/____ / ____/____
 National ID Driver's Licence DD MM YYYY DD MM YYYY Country of Issuance
 Passport Issue Date Expiry Date

_____ / ____/____ / ____/____ / ____/____
 National ID Driver's Licence DD MM YYYY DD MM YYYY Country of Issuance
 Passport Issue Date Expiry Date

Birth Certificate PIN No: _____ (for children and adults with only one (1) form of valid photo identification).

Residency Status: Resident Non-Resident Country of Residence: _____

Civil Status: Single Married Divorced Separated Widowed Common-Law: indicate duration of relationship _____

Name of Spouse: _____ Spouse's Occupation: _____

Spouse's Employer: _____

SECTION B – EMPLOYMENT INFORMATION

Status: Permanent Temporary Contract/Term Empl. Ends: _____ Casual Self-Employed Retired Unemployed

Employer's/Business Name: _____

Employer's/Business Address: _____

Employer's/Business Telephone No.: _____ Ext: _____ Profession/Occupation: _____

B.I.R File No.: _____ National Insurance No.: _____

Monthly Income Category: \$1,501 - \$ 5,000 \$10,001 - \$15,000 \$20,001 - \$25,000
 \$5,001 - \$10,000 \$15,001 - \$20,000 Over \$25,000

Income Frequency: Monthly Fortnightly Weekly Other: _____

School/University (if applicant is a student): _____

SECTION C – ACCOUNT ACTIVITY

Reason for establishing Business Relationship: Shares Fixed Deposit Deposits Loan Other: _____

How will the account be funded?: Salary Deduction Standing Order Over the Counter Other: _____

Anticipated Deposit(s): _____ Frequency: Weekly Monthly Annually No. of Transactions: _____

Source of Funds: _____

SECTION D – RECOMMENDER'S DECLARATION

I, _____, a member of Aero Services Credit Union Co-operative Society Limited, holder of account No. _____, based on the information provided, recommend the applicant for membership in the Society.

Recommender's Name: _____ Recommender's Signature: _____ / ____/____
DD MM YYYY

SECTION E – NOMINATION OF BENEFICIARY

In the event of my death, I, _____, holder of account No. _____ hereby nominate _____ (Relationship: _____) of _____ as my beneficiary to receive _____% of any monies accrued to me under the statutory provisions governing the operations of financial cooperatives in Trinidad and Tobago. I hereby reserve the right to change the designated beneficiary.

Beneficiary Personal Information:

_____ Date of Birth: ____/____/____ Nationality: _____
DD MM YYYY Country of Issuance

National ID Driver's Licence
 Passport

Birth Certificate PIN No: _____

E-mail Address: _____ Telephone No: (H) _____ (W) _____ (M) _____

If there is need to nominate more than one (1) Beneficiary, please complete and sign the Designation of Beneficiary Form.

Applicant's Name: _____ Applicant's Signature: _____ / ____/____
DD MM YYYY

ASCU Officer's Name (Witness): _____ ASCU Officer's Signature (Witness): _____

ASCU Officer's Name (Witness): _____ ASCU Officer's Signature (Witness): _____

SECTION F – POLITICALLY EXPOSED PERSON (PEP) DECLARATION

A Politically Exposed Person (PEP) refers to an individual who is or has been entrusted with prominent public functions, family members and close associates in Trinidad and Tobago and by a foreign country.

Are you an individual that is or was entrusted with a prominent public function either locally or in a foreign country? YES NO

If YES, please complete and sign the Politically Exposed Person (PEP) Declaration.

SECTION G – FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) DECLARATION

REQUIRED DOCUMENT(S) TO BE COMPLETED AND SIGNED

Are you a US citizen, resident or Green Card Holder? YES NO If YES - W9 and document validating US citizenship, if NO - W8-BEN

Are you in possession of a Power of Attorney or an authorized signatory with a US address? YES NO If YES - W9, if NO - W8-BEN

Are you giving standing instructions for the transfer of dividend income/regular income to a US account? YES NO If YES - W9, if NO - W8-BEN

Are you a citizen or hold permanent residency in any country other than Trinidad and Tobago (except the US)? YES NO If YES - non-US passport or similar document establishing foreign citizenship and Individual Common Reporting Standard Tax Residency Self-Certification Form

SECTION H – MARKETING INFORMATION

Are you now or have ever been a member of a credit union? Yes No If yes, state Credit Union: _____

How did you hear about us? Facebook/Instagram Billboards Website Other Member Other: _____

What types of products and services are you interested in? Loan Products Savings and Investments Insurance (FIP, Critical Illness Plan) Health Plan (Cred U Med) Other: _____

SECTION I – APPLICANT’S DECLARATION AND CONSENT

I _____ declare and confirm that the information given in this application is true and correct and 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 legitimate funds and refrain from using said account for money laundering, terrorist financing, any other criminal activities, specified offences or for furthering criminal purposes or conduct. I also confirm that I have not assumed the identity of any other person and the funds/deposits are my own.

Consent is hereby given to **Aero Services Credit Union Co-operative Society Limited** to disclose my personal, transactional, and other related confidential information to law enforcement agencies, regulatory authorities and other regulated entities. I promise to abide by the terms of the account agreement and the statutory provisions, bye-laws and policies governing the operations of **Aero Services Credit Union Co-operative Society Limited**. I also agree to respond promptly to all **Aero Services Credit Union Co-operative Society Limited** enquiries.

Applicant’s Name: _____ Applicant’s Signature: _____ /_____/_____
DD MM YYYY

OFFICIAL USE ONLY

UN Sanction 2253 List YES NO Economic Sanction Orders:
Office of Foreign Assets Control List YES NO (i) DPRK List: YES NO
TT Consolidated List YES NO (ii) IRAN List: YES NO
Referenced against other lists YES NO If YES, state : _____

Applicant’s Risk Profile: High Medium Low Approved Rejected by the Compliance Officer/Alternate Compliance Officer.

Compliance Officer’s Name: _____ Date: _____/_____/_____
DD MM YYYY

Compliance Officer’s Signature: _____

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This Application was considered by the Board of Directors on _____/_____/_____ and approved rejected.
DD MM YYYY

President’s Name: _____ President’s Signature: _____ /_____/_____
DD MM YYYY

Secretary’s Name: _____ Secretary’s Signature: _____ /_____/_____
DD MM YYYY

ACCOUNT CREATION IN EMORTELLE

Account Creation Date: _____/_____/_____ Account No: _____
DD MM YYYY

Customer Service Representative’s Name: _____ Customer Service Representative’s Signature: _____

Customer Service Supervisor’s Name: _____ Customer Service Supervisor’s Signature: _____

Verified by:

Compliance Officer’s Name: _____ Compliance Officer’s Signature: _____