Aero Services Credit Union Co-operative Society Limited

(Registered No. 102)
12-14 Orange Grove Road, Tacarigua 340606, Trinidad and Tobago, W.I.
Trinidad: 868.640.3865/6416/6418/9902 Tobago: 363-7298 E: info@aeroservicescu.com
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How did you hear about us?
[ ] Facebook [ ] Website
[ ] Instagram [ ] Radio
[ ] Other _____

MEMBERSHIP APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

Branch: [ ] Trinidad [ ] Tobago

SECTION A -– PERSONAL INFORMATION

Surname: _____ First Name: _____Other Names: _____

Date of Birth: _____/_____/_____ Country of Birth: _____ Nationality: _____Gender: [ ] Male [ ] Female
DD MM YYYY

Residential Address: _____

Mailing Address (if different from above): _____

E-mail Address: _____Telephone No: [M]_____ [H]_____

Two (2) Forms of Valid ID: [1]_____ [2] _____ Birth Certificate PIN #: _____
[ ] National ID [ ] DP/DL [ ] Passport [ ] National ID [ ] DP/DL [ ] Passport [Applicants with ONLY 1 Valid ID]

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

Civil Status: [ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Widowed [ ] Common-Law

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

SECTION B – EMPLOYMENT INFORMATION

Status: [ ] Permanent [ ] Contract [ ] Temporary [ ] Casual [ ] Self-Employed [ ] Retired [ ] Unemployed

Name of Employer/Business: _____ Date of Employment:_____

Address of Employer/Business: _____

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

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

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

SECTION C – ACCOUNT ACTIVITY

Monthly Income Category: [ ] $1,500 - $10,000 [ ] $10,001 - $20,000 [ ] $20,001 - $30,000 [ ] Over $30,000

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

Anticipated Deposit(s): $_____ Frequency: [ ] Monthly [ ] Fortnightly [ ] Weekly [ ] Other: _____

Source of Funds: _____

SECTION D – NOMINATION OF BENEFICIARY

In the event of my death, I hereby nominate _____Relationship:_____
Address: _____Telephone No.: _____ as my beneficiary to receive my benefits in the Society as determined by the Co-operative Societies Act 81:03. I hereby reserve the right to change my beneficiary. **NB: If there is need to nominate more than one (1) beneficiary, complete and sign the Designation of Beneficiary Form.**

SECTION E – RECOMMENDER'S DECLARATION

I_____, a member of Aero Services Credit Union Co-operative Society Limited,

Account no. _____, based on the information provided, recommend him/her for membership in the Society.

Recommender's Name: _____ Recommender's Signature: _____ ___/___/___
(BLOCK LETTERS) **DD MM YYYY**

Revised 29/6/2024

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, his/her family members and close associates in Trinidad and Tobago or in 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, kindly 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 form and supporting documents 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 – APPLICANT'S DECLARATION AND CONSENT

I_____declare and confirm that the information given in this application is true and correct. I am aware that I am required by the account agreement to deposit only legitimate items into my account 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 confirm that I have not assumed the identity of any other person and the funds/deposits are beneficially owned only by me. Also, I am not engaged in money laundering, drug trafficking, fraud, identity theft or any other criminal or illicit activity.

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 and other regulatory authorities.

I promise to abide by the terms of the account agreement, statutory provisions and Bye-Laws governing the operations of **Aero Services Credit Union Co-operative Society Limited** and agree to respond promptly to all Credit Union inquiries.

Applicant's Name: _____Applicant's Signature: _____ Date: ____/____/____
(BLOCK LETTERS) **DD MM YYYY**

Witness' Name (Staff): _____Witness' Signature: _____Date: ____/____/____
(BLOCK LETTERS) **DD MM YYYY**

OFFICIAL USE ONLY

Applicant's Risk Profile:
[ ] High [ ] Medium [ ] Low

UN Sanction 2253 List: [ ] Yes [ ] No T&T Consolidated List [ ] Yes [ ] No
OFAC List: [ ] Yes [ ] No
Referenced against other lists: [ ] Yes [ ] No. If Yes, state: _____
Application: [ ] Approved [ ] Rejected Reason(s) for rejection:_____

Compliance Officer's Name: _____ Compliance Officer's Signature: _____ Date: _____/____/_____
(BLOCK LETTERS) **DD MM YYYY**

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BOARD OF DIRECTORS

This application was considered by the Board of Directors on _____/_____/_____and has been [ ] approved [ ] rejected.
DD MM YYYY

President's Name: _____ President's Signature: _____ Date: _____/____/_____
(BLOCK LETTERS) **DD MM YYYY**

Secretary's Name: _____ Secretary's Signature: _____ Date: ____/____/_____
(BLOCK LETTERS) **DD MM YYYY**

Account No.

ACCOUNT CREATION IN EMORTELLE

Criteria for Membership:_____

Account Creation Date: ____/____/_____Created by: _____ Verified by: _____ Date: ____/____/_____
DD MM YYYY **DD MM YYYY**