

SECTION D – FOR MINORS ONLY (parent/guardian information)

Parent/ Legal Guardian: Name _____

Identification No. (ID/ DP/ PP) _____

Trustee: (person authorised to act on behalf of minor) _____

Identification No. (ID/ DP/ PP) _____

Statement of Declaration

FOR PERSON WHO IS NOT PARENT/ GUARDIAN/ TRUSTEE

I, _____ declare as follows:

- i. That I of my own volition opened an account in the name of _____ who is a minor
- ii. That I am neither parent nor legal guardian of this minor
- iii. That I am aware that I will not have access to any funds of this minor’s account unless authorised by said minor’s parent or legal guardian.

Signature: _____ Witness: _____ Date: _____

SECTION E – POLITICALLY EXPOSED PERSONS (PEPs) individuals who are or have been entrusted with prominent functions by an international/ local organization such as:

Please tick the one(s) that apply

A “politically exposed person” (PEP) means a person who is or was entrusted with a prominent function by an international/ local organization or important political functions such as:

International Organization:

Members of senior management such as directors and members of the board or equivalent function. United Nations and affiliated international organizations, Organization of America States, Inter-American Development Bank, International Labour Organization, and Caribbean Financial Action Task Force.

Government:

Head of State, senior politician, senior government official, judicial or military officials, and senior executives of State owned corporations and important political party officials. Senior government officials- e.g. Permanent Secretary, Accounting Officer, Chief Technical Officer, High Commissioner Senior executives of state corporations 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 higher rank.

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

Are you or have you ever been:

- | | YES | NO |
|--|--------------------------|--------------------------|
| (a) entrusted with a prominent function referred to above | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) an immediate family member of a person referred to above (a) such as the spouse, parent, siblings, children and children of the spouse of that person; | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) a close personal or professional associate of the persons referred to above (a) or (b) | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered “yes” to any of the questions above, Enhanced Due Diligence Form to be completed

SECTION F – FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

	YES	NO	REQUIREMENTS
Are you a citizen of any country other than Trinidad and Tobago?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, copies of relevant passport(s) to be provided.
Are you a US Citizen, Resident or Green Card Holder? SSN No.: _____	<input type="checkbox"/>	<input type="checkbox"/>	- W-9 or W-8BEN - Document showing Immigration Status
Do you have a US address?	<input type="checkbox"/>	<input type="checkbox"/>	W-9 or W-8BEN
Are you giving instructions for the transfer of dividends/ other income to a US Account?	<input type="checkbox"/>	<input type="checkbox"/>	W-9 or W-8BEN

If you have answered “yes” to any of the questions above, FATCA Documentation to be completed

SECTION G – ACCOUNTS/ FEES

A/C Number	A/C Type	Amount
	Shares	\$
	Special Shares	\$
	Deposit A/C	\$
	Reg. Fee	\$
	TOTAL	\$

SECTION H – 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: _____ Phone No. _____ Rel. to Member: _____

Address: _____ Geo. Code: _____

2. Name: _____ Phone No. _____ Rel. to Member: _____

Address: _____ Geo. Code: _____

I reserve the right to change or terminate the designated beneficiary/ies at any time. I further agree that any designation, termination or change of beneficiary shall be binding upon the Credit Union only if filed with the Credit Union prior to my death. In accordance with the Co-operative Societies Act Chap 81:03, as outlined in **ECU's Bye Laws #10**, a duly named nominee of a deceased member of the Society is entitled to the sum not exceeding five thousand dollars (\$5,000.00) of the unencumbered money due to the death of the said member of the Society. All other monies due to the deceased member shall fall into his estate and be subject in all respects to the laws relating to inheritance including the requirement to pay estate duty.

Complete this Section only if Nominee is a minor

I hereby nominate the following person/company to act as; Trustee/Guardian on behalf of my nominee should my nominee still be a minor (under age 18) upon my death.

Trustee Guardian Relationship to Beneficiary _____

Name: _____ Phone No.: _____ Geo. Code: _____

Address: _____

SECTION I – MEMBER'S DECLARATION

Eastern Credit Union Cooperative 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 in **Eastern Credit Union Cooperative 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 bye-laws governing the operations of **Eastern Credit Union Cooperative Society Limited**. I am also aware that I am not a bona fide member of the credit union until this application is approved by the Board.

_____	_____	
Applicant's Name (Block Letters)	Applicant's Signature	
_____	_____	
Name of Parent/Guardian	Parent/ Guardian's Signature (for minors)	
_____	_____	
Name of Trustee	Trustee's Signature (for minors)	
_____	_____	_____
Name of ECU Representative (Block Letters)	Signature of ECU Representative	Date

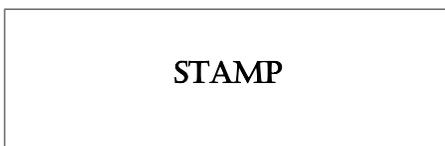
For Official Use Only

Reviewer 's Name (Block Letters)

Reviewer's Signature

Date

Date Membership Approved



Checklist

- OFAC/ UN / FIUTT Domestic Lists Checked (If positive match, refer to Branch Manager/ Compliance Dept.)
- 2 Valid Forms of Identification (i.e. National Identification, Driver's Permit, Passport)
- If only one form of identification, approval from Branch Manager**
- Verification of Income Recent Pay slip (One month)
- Verification of employment/place of business e.g. Job Letter (Three months)/Financials/Cash Flow statement
- Verification of Permanent Address- Recent Utility Bill/Bank statement
- Copy of Birth Certificate for Minors