



*“See Fire First!”*

**TRINIDAD AND TOBAGO FIRE SERVICE CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**

**MEMBERSHIP APPLICATION**

**BRANCH:**

POS  Arima  South  Tobago

**SECTION A: CRITERIA FOR MEMBERSHIP**

I am; - (complete one of the following)

i. A firefighter/auxiliary of the Trinidad & Tobago Fire Service presently assigned to:

Station/Section                      Service Number                      Rank

ii. The \_\_\_\_\_ of member \_\_\_\_\_ of \_\_\_\_\_  
Relationship                      Member Name                      Station/Section

iii. A Civilian employed at the Trinidad & Tobago Fire Service Department/Credit Union/Association presently assigned as \_\_\_\_\_ at \_\_\_\_\_  
Job Title                      Place of Employment

iv. An immigration officer with the Immigration Division of Trinidad & Tobago, presently ranked Rank: \_\_\_\_\_ (E.g.: I01; I02; I03 Etc.)

**SECTION B: PERSONAL INFORMATION**

Surname                      First Name                      Middle Name                      Gender:  
 Male                       Female

Home Address                      Certified by Utility Bill:  
 Yes                       No

Mailing Address

Date of Birth                      Birth Certificate Pin  
YYYY-MM-DD

Identification Card                      Expiry Date                      Driver’s Permit                      Expiry Date  
YYYY-MM-DD                      YYYY-MM-DD

Passport	Expiry Date YYYY-MM-DD	BIR NUMBER	NIS NUMBER
Phone Home	Cell Phone 1	Cell Phone 2	Email Address
Do you use Social Media?    Facebook: <input type="checkbox"/> Yes <input type="checkbox"/> No		Instagram: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed			
<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law		Name of Spouse	Occupation
Have you been a member of this Society in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please state account number _____			
Are you a bonafide member of any other Credit Union(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please state name of Credit Union(s): _____			
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please state name of School: _____			

### SECTION C: EMPLOYMENT INFORMATION

Name of Employer/Name of Business	Employment Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed
Office Address/Payroll Office Address	Telephone/Work
Occupation/Profession	Certified by Job Letter:    Certified by Pay-slip: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Income Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Forth-nightly <input type="checkbox"/> Weekly <input type="checkbox"/> Contract	
Remuneration: <input type="checkbox"/> Under \$5,000 <input type="checkbox"/> \$5,001 to \$10,000 <input type="checkbox"/> \$10,001 to \$15,000 <input type="checkbox"/> \$15,001 to \$20,000 <input type="checkbox"/> \$20,001 to \$30,000 <input type="checkbox"/> \$30,001 to \$40,000 <input type="checkbox"/> \$40,001 to \$50,000 <input type="checkbox"/> Over \$50,000	
Assets: <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$100,001 to \$250,000 <input type="checkbox"/> \$250,001 to \$350,000 <input type="checkbox"/> \$350,001 to \$500,000 <input type="checkbox"/> Over \$500,000	

### SECTION D: RECCOMENDER'S CERTIFICATE

I, \_\_\_\_\_ a member of the Trinidad and Tobago Fire Service Credit Union Co-operative Society Limited, having reasonable knowledge of the character of the applicant recommends him/her for membership in your society.

Signature of Recommender	A/C Number of Recommender	Date YYYY-MM-DD
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## SECTION E: NOMINATION CERTIFICATE

In the event of death, I \_\_\_\_\_ A/C No.: \_\_\_\_\_ hereby nominate

Relationship: \_\_\_\_\_

of \_\_\_\_\_

as my beneficiary, to receive a sum in accordance with the Act/Regulations that governs the Society. I hereby reserve the right to change the beneficiary herein designated.

\_\_\_\_\_  
TTFSCU Officer (Witness)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

YYYY-MM-DD

\_\_\_\_\_  
TTFSCU Officer (Witness)

\_\_\_\_\_  
Signature of Witness

## SECTION F: POLITICALLY EXPOSED PERSONS (PEP)

Individuals who are or have been entrusted with prominent functions by a foreign country or in Trinidad and Tobago. Please tick if you fall into any of these categories:

**Head of State**

Yes

No

**Head of Government**

Yes

No

**Senior Politicians** [Parliament Members (national, local or THA elections), Senators, Appointed to serve in the THA under the THA Act, Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act]

Yes

No

**Senior Government Official** [Permanent Secretary, Accounting Officer under the Exchange & Audit Act, or holding equivalent positions in a foreign country]

Yes

No

**Senior Judicial Official** [Chief Justice, Judges of the Supreme Court (Appeal & High Court Judges), Masters of the Supreme Court, Industrial Court Judges, Caribbean Court of Justice Judges, The Registrar, Deputy Registrar, Assistant Registrar, Chief Magistrate, Deputy Chief Magistrate and Magistrates of the Magistracy]

Yes

No

**Senior Military Officials** [eg. Defence Force – Major General, Brigadier General, Colonel, Lieutenant Colonel. Air Guard – Group Captain, Wing Commander, Squadron Leader. Coast Guard – Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force]

Yes

No

**Senior Executive of State Owned Corporations** – [Chairman, Deputy Chairman, President or Vice President of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other person who is duly appointed to perform functions similar to those normally performed by the holder of any office specified]

Yes

No

**Important Political Party Official** [Chairman, Deputy Chairman, Secretary, Treasurer of a political party registered under the Representation of the People Act or individuals holding equivalent positions in a foreign country]  Yes  No

**Immediate Family Member of Individuals described above** [Spouse, Parent, Siblings, Children & Children of the Spouse of that person]  Yes  No

**Persons who are or have been entrusted with prominent functions by an international organization which refers to members of senior management** [eg. Directors and members of the board or equivalent functions]  Yes  No

**Close personal or professional associate of the PEP**  Yes  No

*If you have answered **yes** to any of the questions above please complete the **Enhanced Due Diligence Form***

I hereby certify that the above information is true and correct at the date completed.

**MEMBER'S SIGNATURE** \_\_\_\_\_  
(please sign)

**DATE:** \_\_\_\_\_  
YYYY-MM-DD

**WITNESSED BY** \_\_\_\_\_  
(TFSCU Officer)

**DATE:** \_\_\_\_\_  
YYYY-MM-DD

**SECTION G: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FACTA) DECLARATION**

ARE YOU A CITIZEN OF ANY OTHER COUNTRY THAN TRINIDAD AND TOBAGO?  Yes  No  
DOCUMENT REQUIRED: If yes, copies of relevant passport(s) to be provided and give details

ARE YOU A U.S. CITIZEN, RESIDENT OR GREEN CARD HOLDER?  Yes  No  
W-9 OR W-8BEN; Document validating US citizenship; Non-US passport or similar documentation establishing foreign citizenship

ARE YOU A GRANTEE OF A POWER OF ATTORNEY OR AN AUTHORISED SIGNATORY WITH A U.S. ADDRESS?  Yes  No  
W-9 OR W-8BEN

ARE YOU GIVING STANDING INSTRUCTIONS FOR THE TRANSFER OF DIVIDEND INCOME/REGULAR INCOME TO A U.S. ACCOUNT?  Yes  No  
W-9 OR W-8BEN

ARE YOU A PERSON WHO MUST COMPLY WITH DISCLOSURE REQUIREMENT OF TAX RESIDENCY?  Yes  No  
If Yes, Please list the Country(ies) of Residency for Tax Purposes and Corresponding Social Security Number (SSN) or Individual Tax Identification Number (ITIN) Details

COUNTRY 1 \_\_\_\_\_ SSN/ITIN: \_\_\_\_\_  
COUNTRY 2 \_\_\_\_\_  
COUNTRY 3 \_\_\_\_\_

If you have **ANSWERED NO TO ALL** the questions in this section please sign below

MEMBER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
YYYY-MM-DD

If you have **ANSWERED YES TO ANY** the questions in this section, please complete this declaration:

UNDER PENALTY OF PERJURY, I CERTIFY THAT:

- i. THE INFORMATION HEREIN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TO BE TRUE AND CORRECT.
- ii. I AM NOT A CITIZEN OR RESIDENT FOR TAX PURPOSES OF ANY COUNTRY OTHER THAN THOSE LISTED IN THIS SECTION.
- iii. I WILL NOTIFY THE TTFSCU CO-OPERATIVE SOCIETY LIMITED IMMEDIATELY IN THE EVENT OF ANY CHANGE TO THE INFORMATION STATED IN THIS SECTION.
- iv. I AGREE THAT THE TTFSCU CO-OPERATIVE SOCIETY LIMITED CAN PROVIDE TO THE UNITED STATES INTERNAL REVENUE SERVICE (U.S. IRS) AND TO ANY RELEVANT TAX AUTHORITY (OR ANY PARTY AUTHORISED TO ACT ON BEHALF OF SUCH AUTHORITY) ANY OF THE INFORMATION PROVIDED IN THIS SECTION OR ANY INFORMATION RELATING TO MY ACCOUNT(S) WITH THE TTFSCU CO-OPERATIVE SOCIETY LIMITED.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
YYYY-MM-DD

I hereby apply for membership of the Trinidad and Tobago Fire Service Co-operative Society Limited and agree to abide by the existing bye-laws of the Society and the Laws of Trinidad and Tobago. I am willing to co-operate with the Trinidad and Tobago Fire Service Co-operative Society Limited's Know Your Customer requirements. I am aware that I am not a bona fide member of the credit union until this application has been approved by the Board and I am so advised in writing.

I hereby attest that the information supplied on this form is correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
YYYY-MM-DD

