



Western United Credit Union

Co-operative Society Limited

...Making A Holistic Contribution To Your Future...

#40 Fitt Street, Woodbrook 170209, Port of Spain, Trinidad, West Indies.
Telephone: 1-868-622-3379; 1-868-628-0926; 1-868-628-5288
Fax: 1-868-628-4761 | Extensions: 2380 | 2330 | Whatsapp: 1-868-465-2369
Emails: afoster@wescutrinidad.com | mblackman@wescutrinidad.com
Website: www.wescutt.com |      



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RELATIONSHIP BUILDING CORNER

Help us to get to know you better by fostering a meaningful/fruitful relationship through an intentional collaborative effort, which guarantees a bountiful holistic growth and development for oneself and family. However, this can only be achieved by being honest to self, being patient, having discipline and determination, having a vision for self, understanding your purpose, and having faith and unflagging commitment, even in the midst of adversity. So, please give us the opportunity to know you by answering the following:

Who are you as an individual? _____

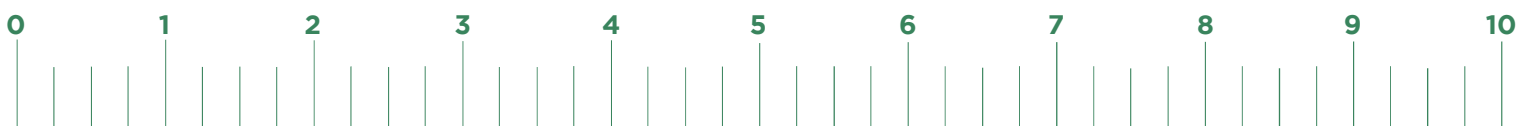
What is your VISION (the picture of the future you wish to create) for self? _____

What is your MISSION (speaks to what is your purpose or reason for existence) for self? _____

What are your CORE VALUES—who are you in the secret garden of your heart and how do you intend to act/behave along life's journey to intentionally achieve your vision and mission. _____

What are your life's goals and objectives? _____

On a scale of 1—10 how financially sound are you? Please tick your financial position below:





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Why WESCU? _____

How did you come to know about Us—WESCU?

Family	[]	Friend	[]	Co-worker	[]
Board Member	[]	Credit/Supervisory Committee Member	[]	Television	[]
Radio	[]	Newspapers	[]	Facebook	[]
Twitter	[]	YouTube	[]	Instagram	[]

Other _____

Are you willing to make the necessary sacrifice to accomplish the financial stability which will assist you in bringing a sense of security, joy, and happiness throughout your life's journey?

Yes [] No []

Now we have come to the end of a brief insight into who you are as an individual let us get this journey started towards holistic achievements through Co-operative Caring for at WESCU we consistently promote financial soundness through the creation of generational wealth.



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APPLICATION FOR MEMBERSHIP

PERSONAL DATA

Title: _____ First Name: _____ Middle Initial: _____ Surname: _____

Maiden Name: _____ Date of Birth: _____ / _____ / _____ No. of Dependents: _____

DAY MONTH YEAR

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Common-Law ☐ Widowed ☐

Sex: Male ☐ Female ☐ Country of Birth: _____ Country of Residence: _____

Residential Address: _____

(Must be supported by a recent utility bill i.e. TSTT/TTEC/WASA/CABLE)

Mailing Address: _____

E-mail Address: _____

Contact #: (H) _____ (M) _____ (M) _____ (W) _____ (W) _____ Ext: _____

	Number	Country of Issue	Expiry Date
National Identification			
Passport			
Driver's Permit			
Birth Certificate			

Name of Spouse: _____ Contact #: (H) _____ (M) _____ (W) _____

Spouse's Place of Employment: _____

Spouse's National ID Number _____ Country of Issue _____ Expiry Date _____

EMPLOYMENT DATA

Name of Employer: _____

Address: _____

Office Emails: _____ Date of Employment: _____

Occupation/Position: _____ No. years employed consecutively: _____

No. years employed with current employer: _____ Temporary ☐ Casual ☐

Category of Employment: Permanent ☐ Contract ☐

Qualification/Skill: _____

Income Frequency: Monthly ☐ Fortnightly ☐ Weekly ☐



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CURRENT ASSETS	\$ Value		\$ Value	CURRENT LIABILITIES	Outstanding Balances
Cash In Hand		Gross Income		Bank Loan	
Cast At Bank		COLA/Other Allowances		Credit Union Loan	
Stocks & Shares (UTC)		Additional Allowances		Mortgage Loan	
Credit Union				Credit Card	
Vehicle				Hire Purchase	
Real Estate				Other	
Other					
Total Assets		Total Income		Total Liabilities	

SELF EMPLOYED PERSONS

Name of Business: _____

Type of Business: _____ How Long Self-Employed: _____

Is the Business Registered: Yes [] No [] Type of Business Registration: Sole Trader [] Partnership [] Limited Liability []

Are Accounts maintained for the business? Yes [] No [] If yes, at which institution? _____

Estimated average monthly deposits: _____ Estimated average monthly withdrawals: _____

MINOR/STUDENT APPLICANT DATA

Name of Minor/Student: _____

Name of School: _____

Address of School: _____

Form / Class / Year: _____ Education Level: Tertiary [] Vocational [] Secondary [] Primary []

Minor/Student: Birth Certificate Pin No: _____ Passport/National Identification No: _____

Parent/Guardian Data in Support of Minor/Student Applicant

Parent/Guardian Name: _____

Parent Address: _____

Place of Employment: _____

Occupation: _____ Contact #: (H) _____ (M) _____ (W) _____

	Number	Country of Issue	Expiry Date
National Identification			
Passport			
Driver's Permit			



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DECLARATION OF PARENT/GUARDIAN OF YOUTH APPLICANT

I declare and confirm that the information given in support of _____ for membership in the Credit Union is true and correct and to the best of my knowledge.

Signature of Parent/Guardian: _____ Date Signed: _____

OTHER DATA

Are you a Member of another Credit Union? Yes [] No []

If Yes, name of Credit Union: _____

Are you currently serving on a Credit Union Board/Committee/State Board? Yes [] No []

If yes, please state name of Committee/State Board: _____

NOMINATION CERTIFICATE

In case of death, I _____ hereby nominate the following person/s:

Name: _____	Name: _____	Name: _____
Addresses: _____	Addresses: _____	Addresses: _____
_____	_____	_____
Email: _____	Email: _____	Email: _____
Phone: _____	Phone: _____	Phone: _____
Relation: _____ D.O.B: _____	Relation: _____ D.O.B: _____	Relation: _____ D.O.B: _____

FINANCIAL OBLIGATION REGULATION

A politically exposed person (PEP) is defined by the Financial Action Task Force (FATF) as an individual who is or has been entrusted with a prominent public function locally or abroad. Persons who are or have been entrusted with a prominent function by an international organisation which refers to members of senior management such as directors and members of the board or equivalent functions; (UN, OAS, IADB, ILO, CFATF). These persons can be defined as current or former Senior Politicians, Heads of State/Governments, Senior Government, Judicial or Military Officers, Senior Executives of state owned corporations and their spouses, children, parents, siblings or any professional associates.

Are you a PEP? Yes [] No [] If yes, state position: _____

Are you related to or professionally associated to a PEP? Yes [] No []

If yes, state name of PEP: _____ Position held: _____

The Foreign Account Tax Compliance Act (FATCA) became law in 2010. FATCA is intended to increase transparency for the Internal Revenue Service (IRS) with respect to U.S. persons that may be investing and earning income through non U.S. Institutions. While the primary goal of FATCA is to gain information about U.S. persons. FATCA imposes tax withholding where the applicable documentation and reporting requirements are not met.

Are you a U.S. person? Yes [] No [] State U.S. IRS Tax Number: _____

If yes, state in what capacity: Birth [] Citizenship [] Green Card []

I _____ do hereby confirm that I am not engaged in money laundering, drug trafficking, fraud or any other crimes or illicit activities.

Recommender: _____

Relationship: Friend []; Husband []; Wife []; Brother []; Sister []; Relatives []; BOD/CC/SC []

Address: _____

Contact #: _____ Membership #: _____



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DECLARATION OF APPLICANT

I _____ declare and confirm that the information given in this application for membership in Western United Credit Union Co-Operative Society Limited is true and correct and agree to the retention of this application and all documents tendered by me in support of this application by the Credit Union.

If admitted I promise to conform to the Bye-Laws and Amendments governing the operation of the Credit Union and I am willing to attend orientation sessions before initial acceptance and further pledge to offer my skills towards further growth of Western Credit Union Co-Operative Society Limited.

I hereby authorize and consent to the Credit Union receiving and exchanging any financial and other information which it may have in its possession about me with any of its Agents, Third Party Assignees, other Financial Institutions, Credit Bureaus or other persons or Corporation or with whom I may have or propose to have financial dealings at any given time. I indemnify you against any and all claims in damages or otherwise arising from such disclosure on your part.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

	Collected	\$
Enrollment Fee		120.00
Share Account		
Deposit Account		
F.I.P.		
Bye-Law		

Was applicant's name checked against United Nations Security Council

List (UN2253)? Yes [] No []

If yes, state result of checks: _____

Information Verified? Yes [] No []

Membership Recommended: Yes [] No []

Name of Officer: _____ Signature: _____

FOR BOARD USE ONLY

Application for membership approved Yes [] No [] Date: _____

Account Number	
Membership Number	

President's Signature: _____ Secretary's Signature: _____

MEMBERSHIP REQUIREMENTS

Please note all documents listed must be provided in support of your application:

ADULTS

- 2 Valid forms of picture ID i.e. Passport / National Identification Card / Driver's Permit
- Recent Job letter (not more than 3 months old) addressed to Western United Credit Union Co-operative Society Limited.
- Most recent Salary Slip (1 slip for monthly paid, 2 consecutive slips for fortnightly paid and 4 consecutive slips for weekly paid.
- Recent Utility Bill not more than 3 months old i.e. TTEC / TSTT / WASA / Cable (if utility bill is not in applicant's name, a letter of authorization must be provided by owner with a copy of owner's ID).
- Enrollment fee \$120.00

MINOR / STUDENT APPLICANTS

- Minor's Computerized Polymer Birth Certificate.
- Copy of Passport or National Identification where applicable.
- Letter from Technical / Vocational / Tertiary Institutions confirming enrollment to institutions for student applicants who have completed secondary level education.
- 2 Valid forms of picture ID i.e. Passport / National Identification Card / Driver's Permit for Parent/Guardian.
- Enrollment fee \$120.00.

SELF-EMPLOYED APPLICANTS (all items listed in Adults Section above along with the following)

- Registration documents for registered business
- A statement of financial position for businesses operating for 1 year.
- 12 month cash flow projection for new business
- Opening Balance sheet for new business
- Proof of Training or Experience by Certification where applicable in the proposed business area.



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