



# Muslim Credit Union Co-Operative Society Limited

## MEMBERSHIP APPLICATION FORM

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SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ OTHER NAME (AKA) \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel#:(H) \_\_\_\_\_ (C) \_\_\_\_\_

Postal Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male ( ) Female ( ) I.D.#: \_\_\_\_\_ D.P.#: \_\_\_\_\_ P.P.#: \_\_\_\_\_

Occupation / Profession: \_\_\_\_\_ Occupational Income: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Permanent ( ) Contract ( ) Self-Employed ( )

Masjid: \_\_\_\_\_ Address: \_\_\_\_\_

School (If Student): \_\_\_\_\_ Address: \_\_\_\_\_

Special Interest: Management ( ) Business ( ) Economics ( ) Computing ( ) Other ( ) Specify: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ No. of Children: \_\_\_\_\_ Tel #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Tel#: \_\_\_\_\_

I enclose herewith the sum of \$ \_\_\_\_\_ to cover Entrance Fee:\$ \_\_\_\_\_ Shares \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_

- 
- Are you a Politically Exposed Person (PEP) ? ☐ Yes ☐ No
1. Are you a Senior Official of a major political party? ☐ Yes ☐ No
- If so, what position do you hold? \_\_\_\_\_
2. Are you a Senior Politician? Eg. Member of Parliament , Gov't Minister, Mayor, Leader of Opposition etc. ☐ Yes ☐ No
- If so, what position do you hold? \_\_\_\_\_
3. Are you a Senior Government Official? Eg. Permanent Secretary, Chief Technical Officer, An Ambassador, Asst. Police Commissioner. ☐ Yes ☐ No
- If so, what position do you hold? \_\_\_\_\_
4. Are you a Senior Member of the Legislature? Eg. Speaker of the House / President of the Senate. ☐ Yes ☐ No

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If so, what position do you hold?

5. Are you a Judicial Official? Eg. Magistrate / Judge. ☐ Yes ☐ No

If so, what position do you hold? \_\_\_\_\_

6. Are you a Senior Executive of State owned Corporation? Eg. Boards of all Statutory Bodies and State Enterprises. ☐ Yes ☐ No

If so, what position do you hold? \_\_\_\_\_

7. Are you related to a Politically Exposed Person ? ☐ Yes ☐ No

If so, how are you related? \_\_\_\_\_

Remuneration of PEP: \$ \_\_\_\_\_

Assets:

Under \$100,000 ☐ \$100,001 - \$250,000 ☐ \$250,001 - \$350,000 ☐ \$350,001 - \$500,000 ☐

Over \$500,000 ☐

Are you a member of another Credit Union? ☐ Yes ☐ No

If Yes:

Name of Credit Union: \_\_\_\_\_

Are you serving on a Credit Union / Committee? ☐ Yes ☐ No

If Yes:

Name of Credit Union: \_\_\_\_\_

Are you a US Citizen / Resident? ☐ Yes ☐ No

If Yes : Please proceed to complete US Citizen / Resident MCU Member FATCA Compliance Declaration Form

## NOMINEE

In the event of sickness or death, I hereby nominate \_\_\_\_\_ ID/DP/PP# \_\_\_\_\_

Address: \_\_\_\_\_ to receive any money accruing to me in the Society, not exceeding five thousand dollars (\$5, 000.00).

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Signature of Member

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

\_\_\_\_\_  
Date

***Note: Amounts in excess of Five Thousand Dollars will be discharged in accordance with the Last Will and Testament in accordance with the Law ie. One Half to spouse and one half to be divided equally amongst children.***

Recommended By: \_\_\_\_\_  
RECOMMENDER NAME IN BLOCK LETTERS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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I declare that the above information is true and correct, that I am a Muslim by faith and that I shall abide by all the rules and bye-laws of the Muslim Credit Union Co-operative Society Limited if my application is approved.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

### FOR OFFICIAL USE

#### Customer Due Dilligence:

Reference Against UN 2253 List:	Yes ( )	No ( )
Reference Against Other List (CFATF / FATF):	Yes ( )	No ( )
T&T List of Consolidated Court Orders:	Yes ( )	No ( )
Source of Wealth / Income for PEP:	Yes ( )	No ( )
Approval & Acceptance of PEP as a member:	Yes ( )	No ( )
Evidence of Employment/ Income:	Yes ( )	No ( )
Two (2) forms of ID:	Yes ( )	No ( )
Utility Bill:	Yes ( )	No ( )

( ) Reviewed	Manager/Supervisor _____	Date _____	( ) Copy of ByeLaws given
( ) Approved	Secretary _____	Date _____	( ) Passbook Collected
( ) Pending	President _____	Date _____	
( ) Not Approved		Receipt # _____	Passbook# _____