Tel: 868-621-2122/621-3753

## **CUSTOMER INFORMATION FORM**

## **Please Complete in Block Letters**

| Credit Union Member No: Date Joined:  |                                  |              |  |                                 |                |  |                  |                        |
|---|----------------------------------|--------------|--|---------------------------------|----------------|--|------------------|------------------------|
| Name  |                                  |              |  |                                 |                |  |                  |                        |
| Address   |                                  |              |  |                                 |                |  |                  |                        |
| Mailing Address (if different from above)   |                                  |              |  |                                 |                |  |                  |                        |
|   |                                  |              |  |                                 |                |  |                  |                        |
| Male [ ]<br>Female [ ]  | Date of Birth [MM/DD/YYYY] Natio |              |  | onality/Citizenship: Status: Re |                |  | Residen          | t [ ] Non Resident [ ] |
| Proof of ID   | DP:                              |              |  | ID Card: PP                     |                |  | PP:              |                        |
|   | Expiration Date:                 |              |  | Expiration Date: Exp            |                |  | Expiration Date: |                        |
| Contact Info  | Home:                            |              |  | Office: Mol                     |                |  | Mobile:          |                        |
|   | Fax:                             |              |  | Email address:                  |                |  |                  |                        |
| Marital Status Single [ ] Married [ ] Divorced [ ] Common Law [ ] Widow/Widower [ ] Other [ ]   |                                  |              |  |                                 |                |  |                  |                        |
| Occupation  |                                  |              |  |                                 |                |  |                  |                        |
| Name of Employer  |                                  |              |  |                                 |                |  |                  |                        |
| Address of Employer   |                                  |              |  |                                 |                |  |                  |                        |
| Employers' Contact  |                                  | Tel. Office: |  |                                 | Mobile:        |  |                  |                        |
|   |                                  | Fax:         |  |                                 | Email address: |  |                  |                        |
| Source of Deposits  |                                  |              |  |                                 |                |  |                  |                        |
| Expected Monthly Income:  |                                  |              |  |                                 |                |  |                  |                        |
| Are you a Politically Exposed Person (P.E.P) YES [ ] No [ ]   |                                  |              |  |                                 |                |  |                  |                        |
| A Politically Exposed Person (PEP) is defined as an individual who has been entrusted with prominent public functions whether in Trinidad and Tobago or any foreign country i.e. Head of States, Head of Governments, Senior Politicians, Senior Government/Judicial/Military Officers, Senior executives on state owned corporations, important political party officials or the sibling, spouse, parent, children or step children or any individual publicly known to be a close or professional associate of a PEP. |                                  |              |  |                                 |                |  |                  |                        |
| SIGNATURE OF MEMBER:  |                                  |              |  |                                 | Date:          |  |                  |                        |
| OFFICIAL USE ONLY   |                                  |              |  |                                 |                |  |                  |                        |
| Input By:   |                                  |              |  |                                 | Checked By:    |  |                  |                        |
| Date:   |                                  |              |  |                                 | Date:          |  |                  |                        |