



# TEXTEL CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

85 Henry Street, Port of Spain  
Republic of Trinidad and Tobago West Indies

## MEMBERSHIP APPLICATION

The aims and objectives of **TEXTEL CREDIT UNION CO-OPERATIVE SOCIETY LIMITED** include inter alia: (a) to promote the economic welfare of its members; (b) to encourage the spirit and practice of thrift, self-help and co-operation among members and the development of co-operative ideas.

**Membership is open to: (A) Former employees of TEXTEL; (B) Permanent employees of TSTT; (C) Non-permanent employees of TSTT; (D) Spouse of members; (E) Children of members; (F) Salaried employees of the Society; (G) Individuals of other organizations in Trinidad and Tobago as the Board approves; (H) Other registered co-operative societies in Trinidad & Tobago as the Board approves.**

**How to apply:**

1. Review the eligibility requirements above and complete the sections below in **BLOCK CAPITAL LETTERS.**
2. Submit your application to: **TEXTEL Credit Union Co-operative society Limited.**
3. Applications for spouse membership must have attached, a copy of the **Marriage Certificate;**
4. Applications for child membership must have attached a copy of the child's **Birth Certificate.**
5. **All applicants must provide two recent Passport Photos.**

**NB:** All applicants must be recommended by a member in good standing. Membership shall commence from the date of approval by the Board, payment of a non-refundable application fee and the purchase of at least one full share.

<b>Membership requested</b> (insert appropriate letter in box)	<input style="width: 100%; height: 100%;" type="text"/>
<b>If (D) Spouse Account No./If (E) Parent Account No:</b>	
<b>Last or Family Name:</b>	
<b>First or Given Name(s):</b>	
<b>Home Address:</b>	
<b>Telephone (Home/ Cell/Work):</b>	
<b>Email address:</b>	
<b>Mailing Address (if different from home address):</b>	
<b>Marital Status (tick box)</b>	
<b>Single</b> <input type="checkbox"/>	<b>Married</b> <input type="checkbox"/>
<b>Other</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>Date of Birth (M/ D /YEAR):</b> /    /	<b>SEX (tick box)</b> <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>

<b>Employer:</b>	
<b>Address:</b>	
<b>Job Title:</b>	
<b>Department:</b>	<b>Location:</b>

**PLEASE TICK**

<b>Permanent</b>	<input type="checkbox"/>	<b>Temporary</b>	<input type="checkbox"/>	<b>Part time</b>	<input type="checkbox"/>	<b>Contract</b>	<input type="checkbox"/>
<b>Junior Staff</b>	<input type="checkbox"/>	<b>Senior Staff</b>	<input type="checkbox"/>	<b>Management</b>	<input type="checkbox"/>	<b>Executive</b>	<input type="checkbox"/>

<b>PAY CYCLE</b>	<b>Weekly</b>	<input type="checkbox"/>	<b>Fortnightly</b>	<input type="checkbox"/>	<b>Monthly</b>	<input type="checkbox"/>
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<b>Board of Inland Revenue File No:</b>	<b>Employee No:</b>
<b>National ID No:</b>	<b>Drivers Permit/ Passport No:</b>

<b>Proposed Monthly Savings:</b>	<b>Shares</b>	\$	<input type="text"/>	<input type="checkbox"/>	<b>Deposits</b>	\$	<input type="text"/>
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**I hereby apply for membership in the TEXTEL CREDIT UNION CO-OPERATIVE SOCIETY LIMITED and agree to be bound by its By-Laws and amendments thereof. I also certify that the information given above is true and correct.**

<b>Signature of Applicant</b>	<b>Date of Application</b>
<input type="text"/>	<input type="text"/>

<b>Name of Recommender (IN BLOCK LETTERS)</b>	<b>Signature of Recommender</b>
<input type="text"/>	<input type="text"/>

**NB: A recommender must be a member of the Credit Union in good standing. In the case of spouse the recommender must be husband or wife. In case of child the recommender must be parent.**

<b>FOR OFFICIAL USE ONLY</b>	
<b>Date received:</b>	
<b>Entrance fee paid:</b> Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] Amount \$	<b>Receipt No:</b>
<b>Approved:</b>	<b>Not Approved:</b> <b>Date:</b>
<b>Sign: Secretary:</b>	
<b>Sign: President:</b>	
<b>Passbook No:</b>	<b>Account No:</b>
<b>Comments:</b>	
<input type="text"/>	

# NOMINATION OF BENEFICIARY FORM

## BENEFICIARY No. 1

<b>Beneficiary's Name:</b>							
<b>Home Address:</b>							
<b>Work Address:</b>							
<b>Occupation:</b>							
<b>Relationship:</b>							
<b>ALLOCATED PERCENTAGE:</b>				<b>AS OF DATE:</b>			
<b>Telephone (Home/ Cell/Work):</b>							
<b>Marital Status</b> (tick box)		<b>Single</b>		<input type="checkbox"/>	<b>Married</b>		<input type="checkbox"/>
					<b>Other</b>		<input type="checkbox"/>
<b>Date of Birth</b> (M/ D /YEAR):			/	/	<b>SEX</b> (tick box)		<input type="checkbox"/>
					<b>M</b>		<input type="checkbox"/>
					<b>F</b>		<input type="checkbox"/>
<b>BI R File No:</b>				<b>ID No:</b>			
<b>Drivers Permit No:</b>				<b>Passport No:</b>			

## BENEFICIARY No. 2

<b>Beneficiary's Name:</b>							
<b>Home Address:</b>							
<b>Work Address:</b>							
<b>Occupation:</b>							
<b>Relationship:</b>							
<b>ALLOCATED PERCENTAGE:</b>				<b>AS OF DATE:</b>			
<b>Telephone (Home/ Cell/Work):</b>							
<b>Marital Status</b> (tick box)		<b>Single</b>		<input type="checkbox"/>	<b>Married</b>		<input type="checkbox"/>
					<b>Other</b>		<input type="checkbox"/>
<b>Date of Birth</b> (M/ D /YEAR):			/	/	<b>SEX</b> (tick box)		<input type="checkbox"/>
					<b>M</b>		<input type="checkbox"/>
					<b>F</b>		<input type="checkbox"/>
<b>BI R File No:</b>				<b>ID No:</b>			
<b>Drivers Permit No:</b>				<b>Passport No:</b>			

## BENEFICIARY No. 3

<b>Beneficiary's Name:</b>							
<b>Home Address:</b>							
<b>Work Address:</b>							
<b>Occupation:</b>							
<b>Relationship:</b>							
<b>ALLOCATED PERCENTAGE:</b>				<b>AS OF DATE:</b>			
<b>Telephone (Home/ Cell/Work):</b>							
<b>Marital Status</b> (tick box)		<b>Single</b>		<input type="checkbox"/>	<b>Married</b>		<input type="checkbox"/>
					<b>Other</b>		<input type="checkbox"/>
<b>Date of Birth</b> (M/ D /YEAR):			/	/	<b>SEX</b> (tick box)		<input type="checkbox"/>
					<b>M</b>		<input type="checkbox"/>
					<b>F</b>		<input type="checkbox"/>
<b>BI R File No:</b>				<b>ID No:</b>			
<b>Drivers Permit No:</b>				<b>Passport No:</b>			

