



APPLICATION FOR REGISTRATION AS A MEMBER

IMPORTANT INFORMATION ABOUT APPLYING FOR REGISTRATION AS A MEMBER OF TTCU.

To help the Government of Belize fight terrorism and money laundering, the Money Laundering & Terrorism (Prevention) Act (MLTPA) requires us to obtain, verify, and record information that identifies each person or business that opens an account or establishes a relationship with TTCU. This means that when you open an account or establish a relationship, we will ask for your name, date of birth, street address, and a government issued identification number. We may also ask to see other government issued identification or other credentials that will allow us to properly identify you. Under the MLTPA you are subject to disclose the source of funds and may require providing proof of your source of funds. We appreciate your cooperation.

ACCOUNT APPLICATION

Account Ownership (Please check one) Individual Joint Minor Savings

PRIMARY APPLICANT INFORMATION

First Name Middle Name Last Name
Marital Status Single Common Law Married Divorced Widowed

If married, kindly state maiden name: _____

Are you a member of any other credit union in Belize? Yes No

If "yes" please state which one _____

ADDRESS / TELEPHONE & EMAIL

Address: (Do Not Use P.O. Box) _____

City / Town / Village / State _____

District Country _____

P.O. Box Home Phone Number _____

Cell Number Email Address _____

Mailing Address (If different from above) _____

City / Town / Village / State _____

District Country _____

Employment Information

Are you employed? (If "Yes", Kindly Provide the following information):

Place of Employment: _____ Date of Employment _____
month/day/year

Occupation: _____ Work Telephone: _____

Annual Salary: \$0 - \$20,000.00 \$20,001 - \$35,000 \$35,001 - \$45,000 \$45,001 - \$60,000 \$60,001 - \$75,000 \$75,001 - \$100,000 \$100,001 and above

For Enhanced Due Diligence request copy of employment Verification Letter

CITIZENSHIP / NATIONALITY

Citizenship: (1) _____ (2) _____
Date of Birth _____ Country of Birth _____
dd/mm/yy

IDENTIFICATION

Passport	Belize Social Security Card	Birth Certificate
Document Number _____	Issue Date _____	Expiration date: _____
	dd/mm/yy	dd/mm/yy
Other ID (Indicate Type) _____	Issuing Authority _____	
Issue Date: _____	Expiration Date: _____	
	dd/mm/yy	dd/mm/yy

ACCOUNT MONITORING

We are obliged by law to monitor your account and therefore, must have an understanding of how you expect to operate the account. We understand and appreciate that your circumstances may change in the future: however, the anticipated use of the account is required at account opening

Are you involved in any of the following business activities?:

Buying and selling of Real Estate on behalf of another person	Yes	No
Buying and selling of precious stones and metals?	Yes	No
Buying and selling of vehicles	Yes	No
Operate a business in a free zone area?	Yes	No

If yes you must provide proof of registration for the Financial Intelligence Unit.

Initial Deposit: _____ Estimated Monthly Deposit _____

Estimated Monthly Withdrawal: _____

I hereby declare that the source of funds for this account will be primarily from _____ I also acknowledge that TTCU may from time to time request additional information to verify source of funds and I am subject to disclose the source of funds and I am subject to disclose the source of funds for any future account deposit.

Signature of Primary Applicant

Print Name

JOINT APPLICANT (CUSTODIAN FOR MINOR ACCOUNT)

First Name Middle Last Name

Are you a member of any other credit union in Belize? Yes No

If yes, please state which one _____

ADDRESS / TELEPHONE & EMAIL

Address: (Do Not Use P.O Box) _____

Mailing Address (If different from provided) _____

City / Town / Village / State _____

City/Town/Village/State _____

Postal Code: (If applicable) _____

Country _____

Postal Code (If applicable) _____

Home Phone Number _____

Cellular Phone Number _____

Country _____

Email _____

EMPLOYMENT INFORMATION

Are you employed? Yes No (If Yes, kindly provide the following information)

Place of Employment _____ Date of Employment _____

Occupation: _____ Work Telephone: _____

Annual Salary: \$0 - \$20,000 \$20,001 - \$35,000 \$35,001 - \$45,000 \$45,001 - \$60,000 \$60,001 - \$75,000 \$75,001 - \$100,000 \$100,001 and over

CITIZENSHIP / NATIONALITY

Citizenship: (1) _____ (2) _____

Date of Birth _____ Country of Birth _____

IDENTIFICATION

Passport Belize Social Security Card Birth Certificate

Document Number _____ Issue Date _____ Expiration date: _____

Other ID (Indicate Type) _____ Issuing Authority _____

Issue Date: _____ Expiration Date: _____

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Signature of Primary Applicant

POLITICAL EXPOSED PERSON DISCLOSURE

Political Exposed Person (PEP) Declaration

Does any ultimate beneficial owner, currently hold/have/held are being considered for a position as a senior public figure?

A PEP is a current or former senior official in the executive, legislative, administrative, military or judicial branches of a government, whether elected or appointed, paid or not; or a senior official of a major political party; or a senior executive of a government-owned or government funded corporation, institution or charity. A PEP also includes the "close associates" and "immediate family members" of a PEP. A close associate is a person (i) who is widely and publicly known to have a close association with a PEP, or (ii) who is actually known by the business to be a close associate of the PEP, even if the association is not widely known. The immediate family member of a PEP include, for example, spouses, domestic partners, parents, sibilings, children, step children, the spouses of children, and a spouse's parents and siblings.

Yes No

The member undertakes to inform TTCU of any changes in the information provided in this declaration, promptly. I/We herby agree to the contents of this declaration and confirm all details provided therein valid, effective and binding and the same may be deemed to be true and correct.

ACCOUNT AGREEMENT

By signing this application and the signature cards, I/We certify and/or acknowledge that:

The information above is accurate to The best of my/our knowledge, information and belief. I/We agree to inform you of any changes to the information provided during my/our account opening process.

I/We herby expressly authorize the disclosure of my/our account or other relevant information to any Legal or Compliance Personnel in order to conduct the necessary account opening and approval process(es). My/Our signature(s) below indicates(s) my/our waiver of any rights I/we may have under applicable local laws or other laws including, but not limited to, privacy or Secrecy Laws prohibiting such disclosure.

I/We have received a copy of the TTCU "Account Disclosures", which outlines all the terms and conditions associated with my/our accounts at TTCU. I/We have read and understood all the materials outlined in the Account Disclosures and agree to be bound by the same.

I/We agree to the Account Disclosures for the account(s) or service(s) mentioned herin, and the same Account Disclosures and signatures requirements will apply to any TTCU accounts I/We may subsequently apply for and establish with TTCU. I/We agree that TTCU may make changes to these Account Disclosures at any time without prior notice to me/us unless otherwise required by law.

SIGNATURES

Primary Member Account Signature Date dd/mm/yy

Joint Member Account Signature Date dd/mm/yy

ACCOUNT SIGNATURE CARD

Date: _____ TTCU Branch (where account was opened) _____
dd/mm/yy

Account Title: _____

Check Appropriate box: Individual Joint

Account Number: _____

Member's Signature (Print Name)

Date:

Joint Signature (Print Name)

Date:

Blank space for Member's Signature

Blank space for Joint Signature

Signature

Signature

For Internal Use Only

Account professional (Name of person who opened account): _____

Account Professional title (State job post or position): _____

Account Number Assigned: _____ Type of Account: Individual Joint

Copies of all account holder unexpired ID obtained? : Yes No

Address Verification (Copies of utility bill less than 90 days obtained?) For Primary Member For Joint Member
 Yes No Yes No

Account professional verifies signatures of individual signer(s): Yes No

IRS form W-9 completed for Belizeans who are US Citizen/Resident Alien of the United States: Yes No

UN 1267 Liste Verified For Primary For Joint
 Yes No Yes No

Account Professional Signature Date

Signed and Approved on Behalf of B.O.D Date

Application accepted and approved by

CO/MLCO Date

Section C : Signature

Each Account Owner signing below directs that the balance remaining in the account described in Section A be payable upon the death of either of us, as a last surviving Joint Account Owner, the balance remaining in the account shall be payable and distributed in equal shares to the above-named beneficiary (ies) that survive me (us). Each Account Owner signing below acknowledges having had an opportunity to consult with an attorney or other qualified estate planning professional before signing and submitting this Beneficiary form to TTCU.

Primary Account Holder's Signature: _____

Joint Account Owner's Signature: _____

Date: _____

Official Use Only

New Beneficiary Request Change to Existing Beneficiary

Information updated by: _____ Approved by: _____

Date: _____

Instructions:

- A) All accounts listed above MUST have the same title.
 - B) All Account Holders MUST sign. Beneficiary (ies) do(oes) not sign.
 - C) This form MAY NOT be used to add/delete/change the name of any account holder.
- carbon copied or printed in duplicate (Customer must be given a signed copy)



Disclosure of Account Information to Third Parties:

- A. The Credit Union shall not disclose any information relating to the affairs of Account Holder which it has acquired in the performance of its duties or the exercise of its functions under the Credit Union's Act except where such information:
 - a) Is lawfully required or permitted by any law or court of competent jurisdiction in Belize; or
 - b) Is in respect of the affairs of Account Holder with the authority of Account Holder which has been voluntarily given; or
 - c) Is disclosed by the Central Bank in accordance with the Credit Unions Act to a banking regulatory or supervisory authority outside of Belize where such information is considered necessary for that authority to exercise functions similar to those of the Central Bank pursuant to the Credit Union Act including any information which will assist that foreign authority in its consolidated supervision of a banking group which controls or is affiliated with the Credit Union.
- B. Account Holder shall at all times be deemed to have agreed and voluntarily authorized the Credit Union to disclose such information relating to the Account or the affairs of the Account Holder to the Credit Union's correspondent banks upon request therefrom, to anyone who the Credit Union reasonably believes is conducting a legitimate credit inquiry, including, without limitation, inquires to verify the existence or condition of an account for a third party such as a lender, merchant or credit bureau, in response to any subpoena, summons, court or administrative order, or other legal process which the Credit Union believes requires its compliance; in connection with collection of indebtedness or to report losses incurred by the Credit Union; in compliance with any agreement between the Credit Union and a professional, regulatory or disciplinary body; in connection with potential sales of businesses; and to carefully selected service providers or third parties who helps the Credit Union meets Account Holder's needs by providing or offering Credit Union's services or their own products and services.

Indemnities:

- A. The Credit Union shall not be responsible for liability, loss or damage which may be caused by it acting in accordance with applicable laws, regulations, or rules (including, without limitation, rules and regulations of the various payment systems), or with the terms of the Credit Union's agreement with other Credit Unions or financial institutions regarding the transaction of business with those Credit Unions or institutions notwithstanding that Account Holder may have given instructions to the contrary.
- B. The Credit Union shall not be liable to the Account Holder for any action taken or not taken by it under the terms of this document unless directly caused by the Credit Union's gross negligence or willful misconduct
- C. The Account shall indemnify defend and hold harmless the Credit Union and its officers, directors, shareholders, related companies, employees, agents and attorneys (hereinafter called "the affected parties") from and against any and all liability, damage, fine, penalty, loss or expense (including attorneys' fees and costs and all fees and costs associated with enforcing this indemnification) suffered or incurred by the Credit Union or any of the affected parties (including any seizure or forfeiture of the assets or property of the Credit Union or the affected parties) resulting from any claim, action or proceeding whether criminal or civil against the Account Holder.
- D. In addition to any rights or set-off and any similar express or implied rights, the Credit Union may at anytime, as a continuous right, without notice or demand and as its sole and absolute discretion, freeze, retain for and indemnify itself and appropriate in or towards satisfaction of any liability damages or loss suffered or incurred by the Credit Union or the affected parties any money in any account of the Account Holder with the Credit Union.

Member Signature: _____

Date: _____