



**THE TRINIDAD BUILDING AND LOAN ASSOCIATION
DOWNPAYMENT SAVINGS PLAN APPLICATION**

NEW MEMBER: YES NO IF NO, Please state existing Account Number _____

MEMBER 1

Title: _____ First Name: _____ Middle Name: _____

Surname: _____

JOINT MEMBER TYPE TENANTS IN COMMON "AND" JOINT TENANTS "OR"

MEMBER 2

Title: _____ First Name: _____ Middle Name: _____

Surname: _____ Date of Birth: _____ Age: _____
(yyyy/mm/dd)

ID No: _____ DP No: _____ Passport No: _____

Gender: _____ Marital Status: _____ Nationality: _____

Email: _____ Cell Phone No: _____ Place of Birth: _____

Home Street Address: _____ Street Address 2: _____

City: _____ Country: _____ Home Phone No: _____

Current Employer: _____ Job Title: _____

Work Street Address: _____ Street Address 2: _____

City: _____ Work Phone No: _____ Work Email: _____

Self Employed Type of Business: _____

DOWNPAYMENT SAVINGS PLAN (DSP)

SAVINGS GOAL

MONTHLY CONTRIBUTION

Purpose of DSP

MODE OF PAYMENTS SALARY STANDING ORDER

BANK STANDING ORDER

INTERNAL STANDING ORDER

OTHER

From COMPANY _____

From Bank _____

From A/C No _____

Did you receive Financial Counselling on the DSP Plan? YES NO

Note: Sole customers of this plan are excluded from Voting entitlements at the Association's Annual General Meeting.

I \ WE, _____ AGREE TO COMPLY WITH THE RULES OF THE ASSOCIATION

SIGNATURE OF MEMBER: _____ DATE: _____
(yyyy/mm/dd)

SIGNATURE OF MEMBER (JOINT) _____ DATE: _____
(yyyy/mm/dd)

For Joint Members - please provide the following documents:- Two (2) forms of Valid ID & Recent Utility Bill with full address.

FOR OFFICIAL USE ONLY

ACCOUNT TYPE: INDIVIDUAL JOINT NON INDIVIDUAL MINOR CHARITABLE RELIGIOUS

ACCOUNT NO: _____

RECEIPT # _____ DATE: _____ AMOUNT PAID _____
(yyyy/mm/dd)

CERTIFICATE NO: _____ TOTAL _____

ISSUE DATE: _____
(yyyy/mm/dd)

CERTIFICATE ISSUE DATE: _____
(yyyy/mm/dd)

SEAL DATE: _____
(yyyy/mm/dd)

RATIFICATION DATE: _____
(yyyy/mm/dd)

PREPARED BY: NAME: _____ SIGNATURE: _____ DATE: _____
(yyyy/mm/dd)

CHECKED BY: NAME: _____ SIGNATURE: _____ DATE: _____
(yyyy/mm/dd)

APPROVED BY: NAME: _____ SIGNATURE: _____ DATE: _____
(yyyy/mm/dd)

PLEASE PRESENT ORIGINAL AND COPY OF I.D. SPECIFIED.