

2)	ACCOUNT NUMBER:
<input type="checkbox"/> MR. <input type="checkbox"/> MS.	LAST NAME(S):
FIRST NAME:	MIDDLE NAME(S)
PERMANENT ADDRESS: STREET/AVENUE:	
TAX RESIDENCE:	
CITY/TOWN:	PARISH/STATE:
ZIP/POSTAL CODE:	COUNTRY:
NATIONALITY:	PLACE OF BIRTH:
TELEPHONE:	DATE OF BIRTH (mm/dd/yyyy):

SIGNATURE OF MEMBER: .....	DATE (mm/dd/yyyy): .....
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### 3. FOR OVERSEAS MEMBERS ONLY

**NOTARIAL CERTIFICATE:**

I....., Notary Public in and for the Country/State/Province/County of.....do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named ..... the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this ..... day of ..... 20 .....

*PLACE NOTARIAL STAMP HERE*

.....

Notary Public in and for the Country/State/Province/County of.....

### FOR OFFICIAL USE ONLY

NAME OF STAFF MEMBER UPDATING ACCOUNT (please print):	
SIGNATURE OF STAFF MEMBER UPDATING ACCOUNT: .....	DATE (mm/dd/yyyy): .....
NAME OF STAFF MEMBER VERIFYING ACCOUNT (please print):	
SIGNATURE OF STAFF MEMBER VERIFYING ACCOUNT: .....	DATE (mm/dd/yyyy): .....



# GENERAL INFORMATION FORM

## 1. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:		
FIRST NAME:		MIDDLE NAME(S):
DATE OF BIRTH (mm/dd/yyyy):		MOTHER'S MAIDEN NAME:
NATIONAL REGISTRATION No.:	NATIONAL INSURANCE No.:	TIN No.:
<b>IDENTIFICATION</b> (valid photo ID required, include expiry date where appropriate)		
BARBADOS ID CARD No.:	Issue Date (mm/dd/yyyy):	Expires:
PASSPORT No.:	Issue Date (mm/dd/yyyy):	Expires:
DRIVERS LICENCE No.:	Issue Date (mm/dd/yyyy):	Expires:
OTHER:	Issue Date (mm/dd/yyyy):	Expires:
PERMANENT ADDRESS: STREET/AVENUE:		
ADDITIONAL ADDRESS:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE Nos.: Home:	Work:	Ext.:
Mobile:	Are you a PEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMAIL ADDRESS:		
NATIONALITY:		PLACE OF BIRTH:
COUNTRIES OF CITIZENSHIP:		TAX RESIDENCE:
EMPLOYER:		OCCUPATION/NATURE OF BUSINESS:
PAY MODE: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly		SALARY/WAGES:
EMPLOYMENT STATUS: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Un-Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired		
MAILING ADDRESS (if different from permanent address): STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE NO.: Home:		

## 2. THRIFT CLUB ACCOUNTS

1) ACCOUNT NUMBER:	
<input type="checkbox"/> MR. <input type="checkbox"/> MS. LAST NAME:	
FIRST NAME:	
MIDDLE NAME(S)	
PERMANENT ADDRESS: STREET/AVENUE:	
TAX RESIDENCE:	
CITY/TOWN:	
PARISH/STATE:	
ZIP/POSTAL CODE:	
COUNTRY:	
NATIONALITY:	
PLACE OF BIRTH:	
TELEPHONE:	
DATE OF BIRTH (mm/dd/yyyy):	