



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.:
IDENTIFICATION (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):	

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):