BARBADOS PUBLIC WORKERS'
CO-OPERATIVE CREDIT UNION LIMITED

ACCOUNT No.:

INDIVIDUAL MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION *(One form of valid picture identification required. e.g. National ID, Passport, Drivers Licence)*

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

☐ MR. ☐ MRS. ☐ MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

SUFFIX *(Dr.,Prof., Rev.,etc.)*: ALIASES:

DATE OF BIRTH *(mm/dd/yyyy)*: PLACE OF BIRTH:

NATIONAL REGISTRATION No.: NATIONAL INSURANCE No.:

TIN Number: TAX RESIDENCE:

NATIONALITY: COUNTRY OF RESIDENCE:

NO. OF CHILDREN: MOTHER'S MAIDEN NAME *(surname before marriage)*:

ARE YOU A POLITICALLY EXPOSED PERSON (PEP) AND/OR A DESIGNATED NON-FINANCIAL BUSINESS AND PROFESSIONAL (DNFBPS)? ☐ YES ☐ NO

A PEP is someone who is or was entrusted with a Prominent Public Function or is an immediate family member (e.g. siblings, child, parents, in-laws) or a close associate of such a person.)

If yes, please complete the requisite questionnaire.

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:

Evidence of permanent addresses is required, e.g. account statement, utillity bill, etc.

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

HOW LONG AT CURRENT ADDRESS: IF LESS THAN TWO YEARS, TIME AT PREVIOUS RESIDENCE:

TELEPHONE No.(s): Home: Work: Ext.:

Mobile: Fax:

EMAIL ADDRESS:

MAILING ADDRESS (if different from permanent address): STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY: TELEPHONE No.: Home:

EMPLOYMENT INFORMATION *(If self-employed, a certificate of Incorporation/Registration or equivalent is required, Incorporated Accounts should not be opened if the Business has more than one Director; the company should be a Sole Trader Only for BPWCCUL.)*

NAME & ADDRESS OF: ☐ EMPLOYER ☐ UNIVERSITY ☐ SCHOOL/COLLEGE

IF SELF-EMPLOYED, STATE BUSINESS NAME:

NATURE/TYPE OF BUSINESS: OCCUPATION:

EMPLOYMENT STATUS: ☐ PERMANENT ☐ TEMPORARY ☐ SELF-EMPLOYED ☐ CASUAL ☐ SEASONAL ☐ UN-EMPLOYED ☐ STUDENT ☐ RETIRED

SALARY MODE: ☐ WEEKLY ☐ SEMI-MONTHLY ☐ MONTHLY ☐ JOB/CONTRACT SALARY/WAGES:

PURPOSE OF ACCOUNT (Reason for opening account):

SOURCE OF FUNDS (Salary, Business, etc.): AVERAGE MONTHLY/WEEKLY DEPOSIT:

The BPWCCUL Group of legal entities of which the Credit Union is one, is committed to meeting our statutory obligations relating to Anti-Money Laundering and Terrorist Financing and to conforming with regulatory guidelines/requirements relating to these activities. A major part of our statutory/ regulatory obligation is "to know" our customers and suppliers. We therefore reserve the sole right and discretion without more to decline any application for membership or to discontinue any existing membership.

You should note as well that from time to time our lending criteria or investment appetite or funding needs may change and as a result, lending, investment or deposit services or offers that may have previously been available to members may change at short notice.

DECLARATION - To the best of my knowledge and belief, I am an individual who is entitled to become a member of this Credit Union and I know of no circumstances which would prevent me from becoming such a member. The facts herein stated are true to the best of my knowledge, information and belief. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to or obtaining further information from any other financial or other institution. I agree to conform to the By-Laws of this Credit Union.

I declare that **I am/am not** a citizen or resident of the United States of America. I agree to inform the Credit Union if the status of any of the information I have provided in this Declaration Form changes, within 90 days of the end of the calendar year after the change takes place. The facts stated in this Declaration Form are to the best of my knowledge, information and belief true. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to the Internal Revenue Service of the USA or a local competent authority authorized by them. I agree to satisfy the requirements of the Foreign Account Tax Compliance Act (FATCA) so far as they relate to me.

SIGNATURE OF APPLICANT: ..... DATE *(mm/dd/yyyy)*: .....

PROPOSED BY: ☐ Credit Union Representative ☐ Other NATURE OF RELATIONSHIP TO PROPOSER:

NAME OF CU REPRESENTATIVE/OTHER: ACCOUNT No.:

SIGNATURE: ..... DATE *(mm/dd/yyyy)*: .....

3. FOR OVERSEAS APPLICANTS ONLY

All supporting documents must be notarized for example:
- One form of valid identification
- Proof of address - proof of address must not be older than 3 months

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 OPENING ACCOUNT *(please print):*

SIGNATURE OF STAFF MEMBER OPENING ACCOUNT: ..... DATE *(mm/dd/yyyy)*: .....

NAME OF STAFF MEMBER VERIFYING ACCOUNT *(please print):*

SIGNATURE OF STAFF MEMBER VERIFYING ACCOUNT: ..... DATE *(mm/dd/yyyy)*: .....

APPROVAL OF MEMBERSHIP

DATE MEMBERSHIP APPROVED *(mm/dd/yyyy)*: .....

CREDIT UNION OFFICIAL *(Name, Title)*: ..... SIGNATURE .....

COMMENTS: .....

Barbados Public Workers' Co-operative Credit Union Limited
Keith Bourne Complex · Belmont Road · St. Michael BB14000 · Barbados
Contact Centre: (246) 622-9000 · Toll-free: 1-866-800-6146 · UK Freephone: 0808-234-1327
www.publicworkers.bb · E-mail: contact@bpwccul.bb