



# POWER OF ATTORNEY APPLICATION FORM

(Please complete ALL information in CAPITAL letters)

**Note Carefully:** This application form is **NOT** the actual Power of Attorney document. On receipt of this completed application form, a formal legally binding Power of Attorney will be prepared for your signature.

## PERSONAL INFORMATION

FULL NAME OF MEMBER ISSUING POWER OF ATTORNEY

MR.  MRS.  MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN:

PARISH/STATE:

ZIP/POSTAL CODE:

COUNTRY:

TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

EMAIL ADDRESS:

POWER OF ATTORNEY TO BE GIVEN TO: (Give name of grantee in full)

MR.  MRS.  MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN:

PARISH/STATE:

ZIP/POSTAL CODE:

COUNTRY:

TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

EMAIL ADDRESS:

## PURPOSE (Please indicate the type of Power of Attorney required)

Specific (for use at the Credit Union Only – withdrawals & deposits)

General (for general use at all institutions to cover any action which the Grantor can perform – for widest use)

## FATCA DECLARATION FORM

### PLACE OF BIRTH

### ARE YOU A UNITED STATES OF AMERICA:

CITIZEN  RESIDENT  GREEN CARDHOLDER  N/A

### DO YOU RESIDE IN THE UNITED STATES OF AMERICA FOR 183 OR MORE CONSECUTIVE DAYS A YEAR?

YES  NO

### DO YOU HAVE A USA:

MAILING ADDRESS  PHONE NUMBER  P.O. BOX ADDRESS  IN-CARE-OF ADDRESS

### DO YOU HAVE A STANDING ORDER TO TRANSFER FUNDS TO AN ACCOUNT MAINTAINED IN THE USA?

YES  NO

**DO YOU CURRENTLY HAVE EFFECTIVE POWER OF ATTORNEY OR SIGNATORY AUTHORITY GRANTED TO A PERSON WITH A U.S. ADDRESS?**

YES  NO

**DO YOU HAVE CONTROLLING INTEREST IN A COMPANY INCORPORATED IN THE U.S.A OR HAS A U.S ADDRESS?**

YES  NO

If it is a Financial Institution please state Global Intermediary Identification Number:

**ARE YOU A SHAREHOLDER OF A COMPANY LOCATED OUTSIDE OF THE U.S.A FOR WHICH ONE OR MORE U.S CITIZENS OR RESIDENTS HAVE CONTROLLING INTEREST?**

YES  NO

If it is a Financial Institution please state Global Intermediary Identification Number:

**IF YOU WERE BORN IN THE U.S.A BUT DO NOT HAVE U.S CITIZENSHIP, DO YOU HAVE A CERTIFICATE OF LOSS OF NATIONALITY OF THE UNITED STATES?**

YES  NO

If no, give a reason you did not obtain U.S citizenship at birth or have the certificate

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.....  
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**Declaration** – 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 MEMBER ..... DATE (mm/dd/yyyy): .....

**FOR OFFICIAL USE ONLY**

NAME OF STAFF MEMBER VERIFYING APPLICATION FORM *(please print)*:

SIGNATURE OF STAFF MEMBER VERIFYING APPLICATION FORM: ..... DATE (mm/dd/yyyy): .....

PRODUCT/SERVICE(S)

The customer account balance is:

Less than \$50,000.00  \$50,000.01 to \$100,000.00  \$100,000.01 to \$500,000.00  \$500,000.01 to \$1,000,000.00  Greater than \$1,000,000.00

Barbados Public Workers' Co-operative Credit Union Limited  
Keith Bourne Complex · Belmont Road · St. Michael BB14000 · Barbados  
Contact Centre: (246) 430-5200 · Toll-free: 1-866-800-6146 · UK Freephone: 0808-234-1327  
www.publicworkers.bb · E-mail: contact@bpwccul.bb