



BARBADOS PUBLIC WORKERS'
CO-OPERATIVE CREDIT UNION LIMITED



**Thrift Club - General Membership
Application Form
0 - 15 YEARS**

ACCOUNT No.:

NB: DUAL MEMBERSHIP CAN ONLY BE GRANTED WITH THE APPROVAL OF YOUR ORIGINAL CREDIT UNION
 Are you a member of another Credit Union in Barbados? Yes No If yes, please state the Credit Union's name:

Are you already a member of the Barbados Public Workers' Co-operative Credit Union Limited? Yes No
 If yes, please complete only the PERSONAL INFORMATION section of the form and sign.

PERSONAL INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____

LASTNAME: _____ GENDER: MALE FEMALE

HOME ADDRESS: STREET/AVENUE: _____ (House/Apt. No.): _____

CITY/TOWN: _____ PARISH/STATE: _____ ZIP: _____

MAILING ADDRESS (if different from home address): STREET/AVENUE: _____ (House/Apt. No.): _____

CITY/TOWN: _____ PARISH/STATE: _____ ZIP: _____

COUNTRY: _____ HOME PHONE No.: _____

MOBILE No.: _____ DATE OF BIRTH (dd/mm/yyyy): _____ AGE: _____

NATIONALITY: _____ EMAIL ADDRESS: _____

NATIONAL REGISTRATION No. (or equivalent): _____ SCHOOL: _____

Will you be saving as part of an existing Thrift Club School Savers Programme?: YES NO

IDENTIFICATION PRESENTED: ID CARD No. PASSPORT No.
 BIRTH CERTIFICATE

FATCA DECLARATION FORM

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

QUESTIONNAIRE FOR POTENTIAL PEPS (POLITICALLY EXPOSED PERSONS)

A "PEP" is someone who is or was entrusted with a Prominent Public Function (see below) or is an immediate family member (e.g. siblings, children, parents, in-laws) or close associate of such a person. Please tick if your Parent/ Guardian falls into any of the categories noted below:

Head of State, e.g. President YES NO

Head of Government, e.g. Prime Minister YES NO

Senior Government Officer, e.g. Permanent Secretary YES NO

Senior Member of the Legislature, e.g. Speaker of the House, President of the Senate YES NO

Senior Politician, e.g. Member of Parliament, Government Minister, Opposition Leader, Mayor, Alderman, Parliamentary Secretary YES NO

Judicial Official, e.g. Chief Justice, Judge of the Supreme or Industrial Court/Caribbean Court of Justice, Magistrate YES NO

Military Official, e.g. Lieutenant Colonel, Major General, Brigadier General YES NO

Senior Executive of a State Owned Corporation, e.g. Chairman, Deputy Chairman, President/Vice President YES NO

Important Political Party Official, e.g. Political Leader, Secretary, Treasurer YES NO

In addition, is your parent/guardian a close associate (personal or professional) or family member of any of the above? YES NO

IF ANY OF THE ABOVE, PLEASE PROVIDE DETAILS:

Are your parent/guardian a close associate (personal or professional) or family member of any of the above? YES NO

DECLARATION 1 - I declare that I am not a member of another Credit Union in Barbados, or that, if I am, I have declared this fact as above-stated and I have been granted permission from that other Credit Union to become a member of this Credit Union. The facts herein stated are true to the best of my knowledge, information and belief. I agree to conform to the By-Laws of this Credit Union.

SIGNATURE OF APPLICANT (CHILD):

DATE (dd/mm/yyyy):

A signature is optional for children under 12 years of age, but required for children 12 years and older.

SIGNED CONSENT OF A PARENT/GUARDIAN IS REQUIRED FOR THIS CATEGORY OF MEMBERSHIP. MEMBERSHIP BY THE PARENT/GUARDIAN IS ENCOURAGED BUT NOT REQUIRED.

PARENT / GUARDIAN *A guardian is an individual eighteen (18) years or older responsible for the care of a minor in substitution for that child's parents.*

MR. MRS. MS. FIRSTNAME: LASTNAME:

FATHER MOTHER GUARDIAN HOME ADDRESS: STREET/AVENUE:

(House/Apt.No.): CITY/TOWN: ZIP:

PARISH/STATE: COUNTRY:

HOME PHONE No.: MOBILE No.:

WORK PHONE No.: EMPLOYER:

OCCUPATION:

IDENTIFICATION PRESENTED: ID CARD No. DRIVER'S LICENSE No.

PASSPORT No. OTHER ID RELATIONSHIP (Guardians only):

DECLARATION 2 - I hereby consent to my child/ward named above, obtaining membership at the Barbados Public Workers' Co-operative Credit Union Limited. It is my understanding that I or an approved account designate (as authorized in the attached Account Designate Agreement ("ADA") where applicable, may operate the account independently of the child until he/she attains age sixteen. I further understand that at his/her attainment of age sixteen, he/she will have full and independent control over the account and that both I and the account designate will automatically be no longer authorized or required to consent to transactions or any other business on the account.

SIGNATURE OF PARENT/GUARDIAN: DATE (dd/mm/yyyy): BPWCCUL MEMBER? Yes No

ACCOUNT DESIGNATE (optional) *A designate is an alternative representative, 18 years or older, authorized to sign transactions on the account.*

MR. MRS. MS. FIRST NAME: LASTNAME:

FATHER MOTHER GUARDIAN

HOME ADDRESS: STREET/AVENUE: (House/Apt. No.):

CITY/TOWN: PARISH/STATE: ZIP:

COUNTRY: BPWCCUL MEMBER? Yes No

HOME PHONE No.: MOBILE No.:

WORK PHONE No.: NATIONAL REGISTRATION No. (or equivalent):

EMPLOYER: OCCUPATION:

IDENTIFICATION PRESENTED: ID CARD No. DRIVER'S LICENSE No.

PASSPORT No. OTHER ID RELATIONSHIP (Guardians only):

DECLARATION 3 - I hereby consent to serving as an account designate on this associated account for the above child/ward, in support of the above parent/guardian. It is my understanding that I may operate the account independently of the child until he/she attains age sixteen, as authorized in the attached Account Designate Agreement ("ADA"). I further understand that at his/her attainment of age sixteen, he/she will have full and independent control over the account and that both I and the parent/guardian above, will automatically be no longer authorized or required to consent to transactions or any other business on the account.

SIGNATURE OF PARENT/GUARDIAN: DATE (dd/mm/yyyy): BPWCCUL MEMBER? Yes No

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 DATE (mm/dd/yyyy):

COMMENTS:

CREDIT UNION OFFICIAL (Name, Title):

SIGNATURE OF CREDIT UNION OFFICIAL: