



INDIVIDUAL MEMBERSHIP APPLICATION FORM

NB: DUAL MEMBERSHIP CAN ONLY BE GRANTED WITH THE PRIOR 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:

PERSONAL INFORMATION *(Two forms 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.:

NATIONALITY: COUNTRY OF RESIDENCE:

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

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 and mailing addresses is required, e.g. account statement, utility 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)*

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:

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

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

DECLARATION - 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 permission has been granted by that other Credit Union for me to become a member of this Credit Union. 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):

SECONDED BY (Name): ACCOUNT No.:

SIGNATURE: DATE (mm/dd/yyyy):

BPWCCUL shall reserve the right to reject this membership application should the requirements not be met.

3. FOR OVERSEAS APPLICANTS 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

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

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):

COMMENTS:

CREDIT UNION OFFICIAL (Name, Title):

SIGNATURE OF CREDIT UNION OFFICIAL: