



BARBADOS PUBLIC WORKERS'
CO-OPERATIVE CREDIT UNION LIMITED

ACCOUNT No.:

PREMIERE PLAN APPLICATION FORM

1. PRIMARY APPLICANT

<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):		
NATIONAL REGISTRATION No.:	NATIONAL INSURANCE No.:	
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:	PARISH/STATE:	
ZIP/POSTAL CODE:	COUNTRY:	
TELEPHONE No.(s): Home:	Work:	Ext.:
Mobile:		
EMAIL ADDRESS:		

2. CO-APPLICANT

Where a co-applicant is being added to the primary applicant's account record, a Joint Account Agreement (Record Level) is required.

<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):		
NATIONAL REGISTRATION No.:	NATIONAL INSURANCE No.:	
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:	PARISH/STATE:	
ZIP/POSTAL CODE:	COUNTRY:	
TELEPHONE No.(s): Home:	Work:	Ext.:
Mobile:		
EMAIL ADDRESS:		

TERMS AND CONDITIONS OF THE PLAN ARE AS FOLLOWS:

Term period will be five (5) years.
Minimum account balance will be \$3,000.00.
Maximum account balance will be \$530,000.00 – Exclusive of interest credits

Interest will be paid semi-annually on September 30 and March 31. Additional deposits can be made to the existing balance in a Premiere Plan account provided the total deposits do not exceed the maximum limit. Such additional deposits will earn interest at the interest rate prevailing for that year.

3. MATURITY OF DEPOSIT

At maturity, the principal plus interest will be rolled over into another Premiere Plan at the prevailing interest rate unless we are instructed otherwise by the undersigned.

4. DECLARATION

I/We fully understand and accept the terms and conditions which apply to this account and wish to invest an initial sum of \$

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

2. SIGNATURE OF CO-APPLICANT: DATE (mm/dd/yyyy):

5. 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

6. FOR OVERSEAS CO-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

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):