



**BARBADOS PUBLIC WORKERS'
CO-OPERATIVE CREDIT UNION LIMITED**



Thrift Club Membership Application

(for children 12 to 15 years old)

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:

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: COUNTRY OF RESIDENCE:

NATIONAL REGISTRATION No. (or equivalent): SCHOOL:

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

EMAIL ADDRESS:

REFERRED BY: NAME: ACCOUNT No.:

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 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):

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: IDCARD No. PASSPORT No. BIRTH CERTIFICATE NRN OTHER RELATIONSHIP (Guardians only):

AFFIDAVIT - I hereby consent to my child/ward named above obtaining membership of the Barbados Public Workers' Co-operative Credit Union Limited. It is my understanding that I or an approved designate may operate the account independently of the child until he/she attains age sixteen. I further understand, that at his/her attaining the age of 16 years, he/she will have full and independent control over the account and both I and the account designate will automatically be no longer 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.*

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. FIRSTNAME:	LASTNAME:
HOME ADDRESS: STREET/AVENUE:	(House/Apt. No.):
CITY/TOWN:	PARISH/STATE: ZIP:
COUNTRY:	BPWCCUL MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE No.:	MOBILE No.:
WORK PHONE No.:	NATIONAL REGISTRATION No. (or equivalent):
EMPLOYER:	OCCUPATION:

I hereby acknowledge that the terms as stated at the Affidavit overleaf are applicable to me.

SIGNATURE OF ACCOUNT DESIGNATE: DATE (dd/mm/yyyy):

APPROVAL OF MEMBERSHIP

DATE MEMBERSHIP APPROVED (dd/mm/yyyy):

COMMENTS:

CREDIT UNION OFFICIAL (Name, Title):

SIGNATURE:

FOR OVERSEAS MEMBERS ONLY *Please have Notary Public certify form by completing below.*

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/her self to be 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/ () of
.....

OFFICIAL USE ONLY

NAME OF AUTHORIZING STAFF MEMBER:

SIGNATURE OF AUTHORIZING STAFF MEMBER: DATE (dd/mm/yyyy):