



ACCOUNT NO.: _____

JOINT MEMBERSHIP APPLICATION

BRANCH: _____

Please state your Account No.: Primary Holder: Joint Owner:.....

TYPE OF JOINT ACCOUNT: JOINT 'OR' any one of the parties to the joint account may authorise transactions JOINT 'AND' both parties to the joint account must authorise all debit and loans transactions to the account.

PRIMARY HOLDER PERSONAL INFORMATION (Two forms of valid picture identification required e.g National ID, Passport, Drivers License)

Marital Status: Single Married Divorced Separated Widowed

Legal Last Name: _____ Middle Name(s): _____

Legal First Name: _____ Suffix (Dr., Prof., Rev., etc.): _____

Date of Birth: (dd/mm/yyyy) _____ Male Female

National ID No.: _____ Nationality: _____ Country of Residence: _____

REQUIRED IDENTIFICATION (Include expiry date where applicable)

Barbados ID Card No.: _____ Issue Date (dd/mm/yyyy): _____ Expiry Date: _____

Drivers License No.: _____ Issue Date (dd/mm/yyyy): _____ Expiry Date: _____

Passport No.: _____ Issue Date (dd/mm/yyyy): _____ Expiry Date: _____

Other: _____ Issue Date (dd/mm/yyyy): _____ Expiry Date: _____

Permanent Address: _____ City/Town: _____

State: _____ Country: _____ Zip /Postal Code: _____

Telephone No.(s):Home: _____ Work: _____

Mobile No.(s): _____ Email Address: _____

Previous Address (If less than two years at the above): _____

City/Town: _____ State: _____

Zip /Postal Code: _____ Country: _____

PRIMARY HOLDER EMPLOYMENT INFORMATION (If self-employed a certificate of Incorporation/Registration or equivalent is required)

Employment Status: Permanent Temporary Unemployed Self Employed Retired Student

Name & Address of: Employer School Occupation: _____

If self employed, state Business Name: _____ Nature of the Business: _____

Registration No: _____ No. of Years in Business: _____ No of Employees _____

Salary/Wages Frequency: Weekly Monthly Semi Monthly Contract Total Salary/Wages: _____

Total Salary/Wages: \$250- \$500 \$501 - \$1000 \$1001 - \$2000 \$2001 - \$3000 \$3001 - \$5000 Over \$5000

Purpose of Account (Reason for opening account): Loan Savings Salary Dep. Other: _____

JOINT HOLDER PERSONAL INFORMATION (Two forms of valid picture identification required e.g National ID, Passport, Drivers License)

Marital Status: Single Married Divorced Separated Widowed

Legal Last Name: _____ Middle Name(s): _____

Legal First Name: _____ Suffix (Dr., Prof., Rev., etc.): _____

Date of Birth: (dd/mm/yyyy) _____ Male Female

National ID No.: _____ Nationality: _____ Country of Residence: _____

REQUIRED IDENTIFICATION (Include expiry date where applicable)

Barbados ID Card No.: _____ Issue Date (dd/mm/yyyy): _____ Expiry Date: _____

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Other: _____ Issue Date (dd/mm/yyyy): _____ Expiry Date: _____

Permanent Address: _____ City/Town: _____

State: _____ Country: _____ Zip /Postal Code: _____

Telephone No.(s):Home: _____ Work: _____

Mobile No.(s): _____ Email Address: _____

Mailing Address (If different from permanent address): _____

City/Town: _____ State: _____

Zip /Postal Code: _____ Country: _____

JOINT HOLDER EMPLOYMENT INFORMATION (If self-employed a certificate of Incorporation/Registration or equivalent is required)

Employment Status: Permanent Temporary Unemployed Self Employed Retired Student

Name & Address of: Employer School

..... Occupation: _____

If self employed, state Business Name: _____ Nature of the Business: _____

Registration No: _____ No. of Years in Business: _____

Salary/Wages Frequency: Weekly Monthly Semi Monthly Contract Total Salary/Wages:.....

Total Salary/Wages: \$250- \$500 \$501 - \$1000 \$1001 - \$2000 \$2001 - \$3000 \$3001 - \$5000 Over \$5000

Purpose of Account (Reason for opening account): Loan Savings Salary Dep. Other:

DECLARATION DUAL MEMBERSHIP

DECLARATION - We are aware that final membership is subject to the approval of the Secretary of the Board of Directors and that any monies paid to the AffinityPlus with our application will be refunded if our application is not approved. The facts herein stated are true to the best of our knowledge, information and belief. We 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.

We agree to conform to the BY-Laws, The Co-operative Societies Act and the Regulations and any amendments thereof, and to confirm that I have read and understand the terms and conditions of coverage.

- (1) In any event, the removal of either party from the joint account, or any changes to this agreement, must be authorised in writing by both parties.
- (2) The Credit Union shall not be liable for any misuse of the Account by any of the Account holder(s).
- (3) The Account holder(s) must give written permission to appoint/authorise or revoke an Agent. The Credit Union shall not be liable for any misuse of the Account by any Agent(s) appointed by the account holder(s).
- (4) Any agent acting on the behalf of the account holder(s) must present valid identification when conducting transactions on behalf of the account holders(s) or such transactions will not be honoured by the Credit Union.
- (5) The Credit Union must be notified of the death of either account holder.

I/we hereby acknowledge that I/we have read and understood the above terms and conditions as provided by the Barbados Workers Union Co-operative Credit Union Limited and I/ we agree to abide by all of the terms and conditions

EARLY CLOSURE FEE: I understand that I will have to pay an administrative fee of \$20, If this account is closed within 90 days of the date below.

Primary Owner Signature :..... Date(dd/mm/yyyy):

Joint Signature :..... Date(dd/mm/yyyy):

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 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 voluntary act and deed. Given under my hand and seal this day of the year

..... Notary Public in and for the Country/State/Province/County of

FOR OFFICIAL USE ONLY

Services Requested: Smart Card Smart Voice SmartNet RRSP Group Health

Entrance Fee: \$..... Joint Fee: \$..... Qualifying Shares: \$..... Deposit: \$.....

Signature of Teller making initial deposit :..... Teller Code..... Date (dd/mm/yyyy):

Signature of Staff Member opening account :..... Teller Code..... Date (dd/mm/yyyy):

Signature of Staff Member verifying account :..... Teller Code..... Date (dd/mm/yyyy):

Signature of Manager approving account :..... Teller Code..... Date (dd/mm/yyyy):

APPROVAL OF MEMBERSHIP APPLICATION

Date Membership Approved (dd/mm/yyyy):.....

Comments:.....

Board Secretary (Name):.....

Signature of Board Secretary: