

## **BUSINESS APPLICATION / UPDATE FORM**

BUSINESS CONTACT INFORMATION								
Account Number:								
Business name:								
Phone: Fax:		Fax:			E-mail:			
	Registered Business Ad	ldress:	·					
Partnership: •		Sole proprietorship: •		Organization: •			Other:	
	Business Mailing Address:							
	Place of Registration:							
	Registration #:							
	Registration Date:							
Length of Time Trading:			Tax ID No.					
	Description and Nature of Business and Products and Services Provided:							
	Bankers:							
	Website Address:							
	Number of Employees:							
	External Auditors:							

PRINCIPAL//DIRECTORS/SIGNATORIES				
Name:				
ID Number:				
Title:				
Work:	Cell:	Email:		
Address:				
Signature:				
Name:				
ID Number:				
Title:				
Work:	Cell:	Email:		
Address:				
Signature:				
Name:				
ID Number:				
Title:				
Work:	Cell:	Email:		
Address:				
Signature:				

ASSOCIATED/RELATED BUSINESSES			
Company name:			
Address:			
Relationship:			
Company name:			
Address:			
Relationship:			
SERVICES INFORMATION ACCOUNT(S) SERVICES APPLIED FOR			
Expense Payment			
Investment			
Loan			
STATEMENT OF PURPOSE			
Purpose of Account:			
Source of Income/Wealth/Funds:			
Expected Monthly transaction frequency:			
Expected Monthly activity:			

5. Reliance of AffinityPlus Credit Union Ltd. Each branch of AffinityPlus Credit Union Ltd. with which any dealings are had by the Business may rely upon this certificate and upon any documents referred to herein until notice to the contrary or of any change has been given in writing to the CEO or Acting CEO

I understand that all corporate applications will be subject to an Entrance Fee of \$100.00. I further understand that I will have to pay an Administrative Fee of \$100.00, If this account is closed within 90 days of the date below.

Signed at	this	day of 2					
Managing Director /Owner	Managing Director /Owne	Managing Director /Owner					
Signature of Managing Director/ Own	Signature of Managing Director/ Owner						
Managing Director /Owner	Managing Director /Owner						
Signature of Managing Director/ Own	Signature of Managing Di	Signature of Managing Director/ Owner					
(1) List name and position or title of each officer of the Business (2) List name only of each director/ partner of the Business							
FOR OFFICIAL USE ONLY							
Entrance Fee \$	Joint Fee \$	Qualifying Shares \$		Deposit \$			
Signature of Teller:			Date:				
Signature of Staff Member/	Date:						
Signature of Manager verify	Date:						
Secretary of the Board:			Date:				