



ACCOUNT NO.:

JUNIOR MEMBERSHIP APPLICATION

Please state your Account No.: Primary Holder: Guardian Account:.....

OWNER'S PERSONAL INFORMATION (One form of valid picture identification required e.g National ID, Passport, Drivers License)

Legal Last Name: Middle Name(s):

Legal First Name:

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:

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

Permanent Address: City/Town:

State/Parish: Country: Zip /Postal Code:

Telephone No.(s):Home: Mobile Other:

Mobile No.(s): Email Address:

Mailing Address (If different from permanent address):

City/Town: State:

Zip /Postal Code: Country:

EDUCATIONAL INFORMATION (Enter name and details for the school or institution attended)

School:

Address :

Telephone: Email Address:

PARENT/GUARDIAN 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:

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

National ID No.: Nationality: Country of Residence:

REQUIRED IDENTIFICATION (Include expiry date where applicable)

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/Parish: 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:

PARENT/GUARDIAN 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

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:

ANTI MONEY LAUNDERING

Anti-Money Laundering legislation requires that we, (Affinity Plus) verify the source of funds before accepting deposits in excess of US equivalent \$5,000.00 regardless of the currency.

We, (AffinityPlus) are also required to obtain from each new applicant a disclosure of the amount and frequency of funds to be deposited.

Source of funds (Salary, Business, etc.):

Average Deposit:..... Frequency: Monthly Weekly Daily

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.

Signature of Owner :.....

Date (dd/mm/yyyy):

Signature of Parent/Guardian :.....

Date (dd/mm/yyyy):

PARENT/LEGAL GUARDIAN DECLARATION

I, Parent/legal guardian of

agree that this account will be turned over to the "Owner"/Primary Account holder when he/she reaches the age of 16. I further grant AffinityPlus Credit Union the authority to suspend the account until such time as this change is effected

Signature of Parent/Guardian :.....

Date (dd/mm/yyyy):

5. The Credit Union must be notified of the death of either account holder.

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 Voice SmartNet

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) :

Board Secretary Signature: