

For Official Use Only

Account No:

MICR No:

ATM Ref No:

Branch Code:

Primary Holder Personal Information *(Two Forms of Valid Picture ID required e.g. National ID, Passport, Drivers License)*

Last Name:

First Name:

Middle Name(s)

(dd/mm/yyyy)

Male    Female

Single    Married    Divorced    Separated    Widowed

Date of Birth:

Gender:

Marital Status:

National ID No:

Nationality:

Country of Residence:

REQUIRED IDENTIFICATION – No individual can be named on this account in any capacity without having provided two (2) of the following current forms of Identification. The BWUCCUL reserves the right to request additional identification.

National ID Card No.:

Issue Date (dd/mm/yyyy)

Expires

Drivers License No.:

Issue Date (dd/mm/yyyy)

Expires

Passport No.:

Issue Date (dd/mm/yyyy)

Expires

Certified Photo

Issue Date (dd/mm/yyyy)

Expires

Permanent Address Information (Proof of Address is required e.g. account statement, utility bill not more than 3 months old)

Permanent address:

Parish/Town/City:

State:

Country:

Zip/Postal Code:

No. of Years at Address

Previous Address if less than 2 years are current Address

Permanent address:

Parish/Town/City:

State:

Country:

Zip/Postal Code:

Contact Information

Telephone No.(s)    Home:

Work:

Cell:

Email Address:

Employment Information and Source of Income

Employment Status:

Permanent

Temporary

Unemployed

Self Employed

Retired

Student

Name of Employer/school:

Occupation:

Employer Address:

If Self Employed - Nature of Business:

Registration No. (If Applicable):

Address of Business:

No. of Years in Business:

Salary/Wages Frequency:

Weekly

Monthly

Semi Monthly

Contract

Total Gross Salary/Wages Range Monthly:

\$1 -\$1,000

\$1,001 - \$3,000

\$3,001 - \$5,000

\$5,000 - \$10,000

Over \$10,000

Other Sources of Funds (e.g. Rental Income):

Average Expected Deposits:

Frequency:

Monthly

Weekly

Daily

Accounts Services

Add on Services Requested:

Debit MasterCard

Smart Voice

Smart Net

RRSP

Group Health

None

Declaration of Dual Membership

Do you belong to another Credit Union in Barbados?

Yes

No

Please note that if you are a member of another Credit Union your membership to BWU Credit Union will be pending approval from that Credit Union

If yes, Credit Union Name(s):

Emergency Contact

Relationship:

Name:

Residential Address:

City:

State:

Telephone No. (Day):

Telephone No. (Evening):

Email Address:

Declaration of Political Exposure

A PEP is a natural person who holds or has held an important public function in any country, such as head of state, Member of Parliament, Senior Government Official, Heads of Regulatory bodies, Senior Officials of Regulatory bodies, Senior Officials of National Corporations, Judicial or Military Officials, Senior Executive of publically owned Corporations and Important political party officials. PEPs are also persons who are or have been entrusted with a prominent function by an international organisation refers to members of senior management, i.e. directors, deputy directors and members of the board or equivalent functions. This includes a person who has immediate family members (spouse, children and their spouses, parents) and known close associates who holds/have held any of these positions.

Do you hold or have held a prominent public Function?

Yes

No

If Yes:

Name of Position

Name of Organisation:

No of Yrs. In Position

Do you have an immediate family member/relative who holds or has held a prominent public position?    Yes            No

If Yes: Relationship to family member: \_\_\_\_\_ Name of Position Held: \_\_\_\_\_

Do you have a business associate/close friend who holds or has held a prominent public position?    Yes            No

If yes: Name of position: \_\_\_\_\_ Name of Organisation: \_\_\_\_\_

Do you hold or have held a prominent position with an international organisation? Yes no

If yes: Name of position: \_\_\_\_\_ Name of Organisation: \_\_\_\_\_

## FATCA Declarations

Are you a United States of America (USA)?	Citizen	Resident	Green Card Holder	N/A
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Do you reside in the USA for 183 or more consecutive days a year? Yes No

Do you have a USA:	Mailing Address	Phone No.	PO Box Address	In-care-of Address	N/A
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Do you have a standing order to transfer funds to an account in the USA?:      Yes      No

Do you have effective power of attorney or signing authority granted to a person with a USA address? Yes No

Do you have controlling interest in a Company incorporated in the USA or has a USA address? Yes No

If yes and it is a Financial Institution please state Global Intermediary identification number.

Are you a Shareholder of a Company located outside of the USA for which one or more USA citizens or Residents have a controlling interest? Yes No

If yes and it is a Financial Institution please state Global Intermediary identification number.

If you were born in the USA but do not have US citizenship, do you have a certificate of loss of nationality of the US.

Yes      No      N/A

If No, Give a reason:

## Signing Declaration

By signing this form:

I declare and confirm that the facts herein stated are true to the best of my knowledge, information and belief. I declare that I am ☐ /am not ☐ a citizen or resident of the United States of America. I agree to inform the Credit Union if the status of any of the information I have provided in this Declaration Form changes within 90 days of the end of the calendar year after the change takes place. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to the Internal Revenue of the USA or a local competent authority authorised by them. I agree to satisfy the requirements of the **Foreign Account Tax Compliance Act (FATCA)** so far as they relate to me. I 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.

I declare that I am aware that final membership is subject to the approval of the Secretary of the Board of Directors and that any monies paid to the BWUCCUL with my application will be refunded if my application is not approved.

Early Closure Fee: I declare that I understand that I will have to pay an administrative fee of \$50 if this account is closed within 90 days of the date below.

I 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.

Signature of Applicant: ..... Date(dd/mm/yyyy): .....

**For Overseas Applicants Only**

**Notarial Certificate** (Should be completed and signed by a Notary Public or other qualified official in country of residence)

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 \_\_\_\_\_ 20\_\_\_\_.

day of \_\_\_\_\_ the year \_\_\_\_\_

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

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Products/Services – The following areas were discussed with the member. The member has expressed an interest in the following:

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): \_\_\_\_\_

Comments:

### Approval of Membership Application

Date membership Approved (dd/mm/yyyy):

Board Secretary (Name):

Signature of Board Secretary: