



Account No. (For official use only):
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MEMBERSHIP APPLICATION FORM

PLEASE NOTE THE REQUIREMENTS FOR PROCESSING YOUR MEMBERSHIP APPLICATION:

- 2 valid forms of I.D, one of which must be photo identification (e.g. National I.D. card, passport or driver’s license)
- Proof of Address (*please refer to the relevant section below*)
- \$5 Application fee and \$50 Membership Qualifying Shares

Family name	First name	Middle initial(s)	Date of birth <i>Day / Month / Year</i>	Gender M () F ()
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Country of birth:	Please specify the country or countries of which you are a citizen:	Marital status S () M () D () W ()	Minor (Tick) Yes () No ()
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2 types of valid identification →	ID Type 1 (photo): ID Number: Expiry Date: <i>(DD/MM/YYYY)</i>	ID Type 2: ID Number: Expiry Date: <i>(DD/MM/YYYY)</i>	Tel #(h): Tel #(w): Mobile:
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Email address (personal):	Email address (work/business):
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Current address (cannot be a Post Office Box)	Mailing address (if different from current address)
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The Credit Union must verify your address in accordance with Know-Your Customer Regulations. Kindly submit original documents from one of the options listed below for this purpose (please tick the appropriate box below):

- Utility bill, tax bill from the Barbados Revenue Authority
- A statement from another financial institution with your current address e.g. Bank, Credit Union
- A hire purchase statement from a recognised business establishment e.g. Massy, Cave Shepherd or Courts
- Letter from the landlord (or parent in the case of someone living with parents) along with a recent rent receipt & the utility bill for the residence

Documents must have been issued within 3 months of submission to our Offices

Are you a Politically Exposed Person (PEP)? Yes No
 (If yes, please tick and briefly state why you are a PEP in the space provided, e.g. place/type of employment, name of relative who is a PEP):

Employment _____

Family relation _____

Close association (professional or social) with a PEP _____

Other _____

Name, address, & telephone number of current employer (Branch, if applicable)	If with current employer for less than 2 years, name, address & telephone number of past employer
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Current occupation (if self-employed, please state, e.g. Plumber, Artist, Hairdresser)	Are you a former member of this Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the account no.:
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Please list the Credit Union(s) of which you are currently a member:

- | | |
|-----|-----|
| (1) | (3) |
| (2) | (4) |

Purpose of account (Please tick as appropriate): <input type="checkbox"/> Savings <input type="checkbox"/> Investments <input type="checkbox"/> Loans <input type="checkbox"/> Other (specify):	Pay Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly MONTHLY salary or pension range (Please tick as appropriate): \$0 to \$1000 () \$1001 to \$3000 () \$3001 to \$5000 () \$5001 to \$10,000 () > \$10,000 ()
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