

NATIONAL CO-OPERATIVE CREDIT UNION LTD.
APPLICATION FOR MEMBERSHIP

A/C:

Full Name : _____ Alias(if any): _____

Res Address _____
Street _____ *City* _____

_____ *State* _____ *Country* _____
Mailing Address _____
Street _____ *City* _____

_____ *State* _____ *Country* _____
Source Document Presented: Document # _____

Home Phone #: _____ Work Phone #: _____ Ext : _____ Mobile Phone #: _____

Email Address: _____ Date of Birth: _____

Birthplace: _____ Country of Birth: _____

Employer: _____ Occupation: _____

Husband's first name or _____ Approved by: _____
Wife's name: _____ (on behalf of the Board of Directors)

Mother's Name (If a minor): _____ Current Date: _____

_____ Date A/C Opened: _____

Dominican Citizen or Resident If resident indicate nationality: _____

Type of residency document: _____ Expiry Date: _____

or CARICOM National CARICOM Country: _____

Are You a US citizen or resident for tax purposes?

US Citizen US Tax Resident Not US Person

US Tax ID (TIN): _____

Have you ever been declared by the Court to be an undischarged bankrupt?

Yes No

Have you ever been declared by the Court to be of unsound mind?

Yes No

Are you a member of another Credit Union?

Yes No If Yes, Name of Credit Union: _____

Date of Letter of Written Consent: _____

DECLARATION

I hereby declare that the information provided above is true and correct and agree to conform to the By-Laws of this Credit Union and any amendments thereof. When signing this Application I certify that I am not/we are not citizens of the USA or residents for tax puposes.

Signature of Applicant (DO NOT PRINT)

DESIGNATION OF BENEFICIARY

Date: _____

_____ Being a member of the
NATIONAL CO-OPERATIVE CREDIT UNION LTD. Do hereby designate

relationship if any: _____

<i>First</i> of _____	<i>Middle</i> _____	<i>Last</i> _____		
<i>Street</i> _____	<i>City</i> _____		<input type="checkbox"/>	
<i>State</i> _____	<i>Country</i> _____			
Home Phone #:	Work Phone # :	Mobile Phone # :	Email:	

relationship if any: _____

<i>First</i> of _____	<i>Middle</i> _____	<i>Last</i> _____		
<i>Street</i> _____	<i>City</i> _____		<input type="checkbox"/>	
<i>State</i> _____	<i>Country</i> _____			
Home Phone #:	Work Phone # :	Mobile Phone # :	Email:	

relationship if any: _____

<i>First</i> of _____	<i>Middle</i> _____	<i>Last</i> _____		
<i>Street</i> _____	<i>City</i> _____		<input type="checkbox"/>	
<i>State</i> _____	<i>Country</i> _____			
Home Phone #:	Work Phone # :	Mobile Phone # :	Email:	

relationship if any: _____

<i>First</i> of _____	<i>Middle</i> _____	<i>Last</i> _____		
<i>Street</i> _____	<i>City</i> _____		<input type="checkbox"/>	
<i>State</i> _____	<i>Country</i> _____			
Home Phone #:	Work Phone # :	Mobile Phone # :	Email:	

As my beneficiary/beneficiaries, to receive any and all sums of money standing to the credit of my shares or deposit account or paid under and by virtue of the terms and conditions of the Life Insurance Contract, Life Savings Plan of the CORP-EFF Insurance Company Ltd. to the said Credit Union. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent Designation of beneficiary/beneficiaries form shall constitute a change of beneficiary/beneficiaries.

Account No: _____

 Signature of Applicant (DO NOT PRINT)

Witness: _____

Witness: _____

Declaration of Business/Financial Activity

Account # :

Name:

PEP Status

Yes No

EMPLOYMENT INFORMATION

Name and address of:

Employer University School/College Self Employed Retired

Business Name

Street

City

State

Country

Employment Status:



Salary Mode:



Gross Salary/Wages:

Estimated Monthly Deposits:

Other Source of Funds:



Estimated Monthly Deposits:

If Other specify: _____

IF SELF-EMPLOYED

Type of Business:



Nature of Business/Primary business activity from which funds will be generated:

Estimated Monthly Deposits:

ANTICIPATED A/C ACTIVITY:

Total Estimated Monthly Deposits:

The Money Laundering Prevention Act and Regulations, as well as the Credit Union's Policy requires that we verify the Source of Funds before accepting funds for deposit or payment. Consent is given to the Credit Union to disclose this information to the Law Enforcement and Regulatory Authorities. Failure to make a "Bona-fide" declaration may result in the termination of our business relationship and possible legal action.

Signature

Date:

mm/dd/yyyy