

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 Documents Presented: _____

Document # _____

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

Email Address: _____

Birth Place: _____ Date 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: _____

Citizen ☐ or Resident ☐ If resident indicate nationality _____

Type of residency document: _____ Expiry Date: / /

Or CARICOM National ☐ CARICOM Country: _____

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

Yes ☐ No ☐

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

Yes ☐ NO ☐

Are you are 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.

Signature of Applicant (Do NOT PRINT)

DESIGNATION OF BENEFICIARY

Date _____

_____ Bring a member of the
NATIONAL CO-OPERATIVE CREDIT UNION LTD. Do hereby designate
relationship if any: _____

First _____ Middle _____ Last _____
Street _____ City _____
State _____ Country _____
Home Phone #: _____ Work Phone#: _____ Mobile Phone#: _____ Email: _____

relationship if any: _____
First _____ Middle _____ Last _____
Of _____
Street _____ City _____
State _____ Country _____
Home Phone#: _____ Work Phone#: _____ Mobile Phone#: _____ Email: _____

relationship if any: _____
First _____ Middle _____ Last _____
Of _____
Street _____ City _____
State _____ Country _____
Home Phone#: _____ Work Phone#: _____ Mobile Phone#: _____ Email: _____

relationship if any: _____
First _____ Middle _____ Last _____
Of _____
Street _____ City _____
State _____ Country _____
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 condition of the life Insurance Contract, life Savings plan of the CUNA Mutual Insurance Society to the said Credit Union. I hereby reserve the right to change beneficiary herein designated. The executive 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 <input type="checkbox"/> University <input type="checkbox"/> School/ Collage <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/>	
Business Name	
Street	City
State	Country
Employment Status:	Salary Mode:
Gross Salary/Wages	Estimated Monthly Deposits:
Other Source of Funds: If other specify	Estimated Monthly Deposits:
IF SELF EMPLOYED	
Type of Business:	
Nature of Business/ Primary business activity from which funds will be generated:	
Estimated Monthly Deposit:	
ANTICIPATED A/C ACTIVITY	
Total Estimated Monthly Deposit:	

The Money Laundering Prevention Act and Regulation, as well as the Credit Union's Policy require 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: