



MEMBER NO.:

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ACCOUNT NO.:

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JOINT MEMBERSHIP APPLICATION FORM

Account Type <input type="checkbox"/> Joint OR <input type="checkbox"/> Joint AND					
Are you a member of another Credit Union in Barbados? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please state the Credit Union's name: NB: DUAL MEMBERSHIP CAN ONLY BE GRANTED WITH THE PRIOR APPROVAL OF YOUR ORIGINAL CREDIT UNION					
PERSONAL INFORMATION <i>(At least two forms of valid picture identification are required e.g. National ID, Passport, Valid Driver's Licence)</i>					
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>					
Salutation: Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/>			Title: Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Prof. <input type="checkbox"/> Other <input type="checkbox"/>		
Surname:		First Name:		Middle Name(s):	
Date of Birth: <i>(mm-dd-yyyy)</i>		Place of Birth:			
National Registration No.:		Nationality:			
National Insurance No.:		Dual Nationality <i>(if any)</i>			
Maiden Name <i>(before marriage)</i> :		Country of Residence:			
No. of Dependent(s):		Age Range:		0 – 11 <input type="checkbox"/> 12–16 <input type="checkbox"/> 17 – 25 <input type="checkbox"/>	
Education Level: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Post-Grad <input type="checkbox"/>					
Identification <i>Dates are entered as mm-dd-yyyy</i>					
ID Card No.:		Issue Date:		Expires:	
Passport No.:		Issue Date:		Expires:	
Driver's Licence:		Issue Date:		Expires:	
Other:		Issue Date:		Expires:	
Evidence of Residential address is required, e.g. account statement, utility bill					
Residential Address (Street):					
City/Town/Parish:			State:		
Zip/Postal Code:			Country:		
How long at current address:			If less than 2 years, state previous address:		
Mailing Address (Street): <i>(if different from Residential address)</i>					
City/Town/Parish:			State:		
Zip/Postal Code:			Country:		
Contact Information					
Telephone Nos.		Home:		Mobile:	
		Work:		Fax:	
Email (Home):			Email (Work):		

EMPLOYMENT INFORMATION (If self-employed, a Certificate of Incorporation/Registration or equivalent is required)					
Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Other <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student					
Name & Address of Employer :					
			Occupation:	Tel. No.:	
If self-employed state Business Name:					
Nature/Type of Business:			Occupation:	Tel No.:	
Business Address (if different from Residential address):					
Salary Mode: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Job/Contract					
Approximate Salary/Wages		<input type="checkbox"/> Under \$2000.00 <input type="checkbox"/> \$2,001.00 - \$4,000.00 <input type="checkbox"/> \$4,001.00 - \$6,000.00 <input type="checkbox"/> \$6,001.00 - \$8,000.00 <input type="checkbox"/> \$8,001.00 - \$10,000.00 <input type="checkbox"/> \$10,001.00 & over			
Purpose of Account:			Source of Funds: (salary, business):		
JOINT APPLICANT PERSONAL INFORMATION (At least two forms of valid picture identification are required e.g. National ID, Passport, Valid Driver's Licence)					
Are you a member of another Credit Union in Barbados? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please state the Credit Union's name: NB: DUAL MEMBERSHIP CAN ONLY BE GRANTED WITH THE PRIOR APPROVAL OF YOUR ORIGINAL CREDIT UNION					
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>					
Salutation: Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/>			Title: Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Prof. <input type="checkbox"/>		
Surname:		First Name:		Middle Name(s):	
Date of Birth: (mm-dd-yyyy)		Place of Birth:			
National Registration No.:		Nationality:			
National Insurance No.:		Dual Nationality (if any)			
Maiden Name (before marriage):		Country of Residence:			
No. of Dependent(s):		Age Range:		0 – 11 <input type="checkbox"/>	12–16 <input type="checkbox"/>
17 – 25 <input type="checkbox"/>					
Education Level: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Post-Grad <input type="checkbox"/>					
Identification (valid picture identification is required, including expiry date where applicable) Dates are entered as mm-dd-yyyy					
ID Card No.:		Issue Date:		Expires:	
Passport No.:		Issue Date:		Expires:	
Driver's Licence:		Issue Date:		Expires:	
Other:		Issue Date:		Expires:	
Evidence of Residential address is required, e.g. account statement, utility bill					
Residential Address (Street):					
City/Town/Parish:		State:			
Zip/Postal Code:		Country:			

How long at current address:		If less than 2 years, state previous address:	
Mailing Address (Street): <i>(if different from primary address)</i>			
City/Town/Parish:		State:	
Zip/Postal Code:		Country:	
Contact Information			
Telephone Nos.	Home:	Mobile:	Work:
Email (Home):			Email (Work):
EMPLOYMENT INFORMATION <i>(If self-employed, a Certificate of Incorporation/Registration or equivalent is required)</i>			
Name & Address of Employer :			
		Occupation:	Tel. No.:
If self-employed state Business Name:			
Nature/Type of Business:		Occupation:	Tel No.:
Business Address <i>(if different from Residential address)</i> :			
Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Other <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student			
Salary Mode: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Job/Contract			
Approximate Salary/Wages	<input type="checkbox"/> Under \$2000.00 <input type="checkbox"/> \$2,001.00 - \$4,000.00 <input type="checkbox"/> \$4,001.00 - \$6,000.00 <input type="checkbox"/> \$6,001.00 – \$8,000.00 <input type="checkbox"/> \$8,001.00 - \$10,000.00 <input type="checkbox"/> \$10,001.00 & over		
Purpose of Account:		Source of Funds: (salary, business):	
FINANCIAL INFORMATION			
Method of Deposits: <input type="checkbox"/> Standing Order <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Teller <input type="checkbox"/> ATM Deposits <input type="checkbox"/> Fast Deposits			
Anticipated No. of Transactions (per month)			
0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20 <input type="checkbox"/>			
Anticipated Value of Transactions (per month)			
<input type="checkbox"/> Under \$2000.00 <input type="checkbox"/> \$2,001.00 - \$4,000.00 <input type="checkbox"/> \$4,001.00 - \$6,000.00 <input type="checkbox"/> \$6,001.00 – \$8,000.00 <input type="checkbox"/> \$8,001.00 - \$10,000.00 <input type="checkbox"/> \$10,001.00 & over			
Reference 1:		Reference 2:	
Name:		Name:	
Address:		Address:	
Telephone Nos.:		Telephone Nos.:	
Home:		Home:	
Work:		Work:	
Mobile:		Mobile:	

TERMS AND CONDITIONS

The undersigned, having opened the account designated on the reverse, hereby expressly agree(s) with the City of Bridgetown Co-operative Credit Union Ltd. (hereafter called "C.O.B") to honour this Agreement under the following conditions:

A Joint 'OR' account is one where either account owner may perform transactions including withdrawals, change information of each other.

A Joint 'AND' account is one where both account holders must sign together in order to withdraw or transfer funds from the account.

Joint 'AND' accounts are not eligible for Internet Banking, Telephone Banking, Mobile Banking or ATM Cards.

FOR BOTH Joint 'OR' AND Joint 'AND' accounts

1. Only two (2) persons may enter into a Joint Account Agreement. Both joint members must have single membership with COB.
2. Joint membership is not permitted on Registered Retirement Savings Plans
3. An application of joint members or a joint member
 - (a) to withdraw from membership in the society, or
 - (b) to vary the composition of the joint membership, **MUST BE SIGNED** by **BOTH** persons. .
4. At meetings, joint members are entitled to one vote only. Where in addition to joint membership an individual is a member in his/her own right he/she may exercise one vote, either as an individual member or as a joint member, but not as both.
5. All savings on joint accounts are deemed to be joint Loans on Joint Accounts, if allowed, shall be granted on such terms and conditions as determined by the Board of Directors from time to time.
6. Loans on Joint Accounts, if allowed, shall be granted on such terms and conditions as determined by the Board of Directors of COB from time to time.
7. COB may at its discretion at any time and with or without notice to either or both the Joint Account holders, assert a lien on the balance of the Joint Account and apply all or any part thereof to any debt whether secured or unsecured that may then be owing to COB by the Joint Account holders and provide a receipt to the them reflecting the amount applied to the debt.

JOINT 'OR' ACCOUNTS - EITHER TO SIGN

8. Either party to the joint account is free to deposit, withdraw, transfer funds into or out of the account, change the address, check balances, or dispose of those funds in any manner,
9. Either party may appoint an Agent to operate the account on their behalf with no liability on the part of COB. Specific instructions must be given on the Agent form clearly identifying the types of transactions permitted. The Agent may only be revoked by the party who appointed them

JOINT 'AND' ACCOUNTS - BOTH TO SIGN

10. Both parties to the joint account are free to deposit, withdraw, transfer funds into or out of the account, change the address, check balances, or dispose of those funds in any manner however, all withdrawals and transfers out of the account **Must be signed by both** parties. Third party withdrawals are not permitted, except by an Agent.
11. Both parties may appoint an Agent to operate the account on their behalf with no liability on the part of COB. Specific instructions must be given on the Agent form clearly identifying the type of transactions permitted. Both joint members must sign to revoke the Agent.
12. This Agreement shall become effective upon the deposit at the address of COB, complete with the relevant signatures attached and an initial deposit of not less than \$50.00 in addition to a membership fee determined by the Board of Directors and shall be governed by the Laws of Barbados in all respects including and without limitation, matters of title, construction, validity performance and discharge, and shall not be waived, altered, or amended as to any of its terms or provisions except those to which C.O.B may specifically consent in writing.

DECLARATION

We declare that we are not members of another Credit Union in Barbados or that, If we are, we have declared this fact as above-stated and permission has been granted by that other Credit Union for us to become members of this Credit Union. To the best of our knowledge and belief, we are individuals who are entitled to become members of this Credit Union and we know of no circumstances which would prevent us from becoming such members. The facts herein stated are true to the best of our knowledge, information and belief. We 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. We agree to conform to the By-Laws of this Credit Union.

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

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

FOR OVERSEAS APPLICANTS ONLY

NOTARIAL CERTIFICATE:

I,, Notary Public in and for the County/State/Province/Country of do hereby CERTIFY that on the day of 20..... personally came and appeared before me a male/female who identified himself/herself as to be named the executing party to the foregoing documents who did in my presence duly sign, seal and deliver the same as for his/her free and voluntary act and deed. Given under my hand and seal this day of 20.....
(PLACE NOTARIAL STAMP HERE)

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

Notarial Certificate (Joint Applicant):

I,..... Notary Public in and for the County/State/Province/Country of do hereby CERTIFY that on the day of 20..... personally came and appeared before me a male/female who identified himself/herself as to be named the executing party to the foregoing documents who did in my presence duly sign, seal and deliver the same as for his/her free and voluntary act and deed. Given under my hand and seal this day of 20.....
(PLACE NOTARIAL STAMP HERE)

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

DOCUMENTS PROVIDED:

<input type="checkbox"/> National Identification Card	Country:	<input type="checkbox"/> Passport	Country:
<input type="checkbox"/> Driver's Licence	Country:	<input type="checkbox"/> Other I.D.	Country:

Proof of Address:

<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Letter from Justice of the Peace/Notary Public
<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Other

FOR OFFICIAL USE ONLYName of MSR opening Account *(please print)*:Signature of MSR opening Account: Date: *(mm/dd/yyyy)*Name of MSO verifying Account *(please print)*:Signature of MSO verifying Account *(please print)*: Date: *(mm/dd/yyyy)***APPROVAL OF MEMBERSHIP**Membership Approved Yes No Date: *(mm/dd/yyyy)*Name of Approver *(Name, Title)*: Signature of Approver:**ADDITIONAL INFORMATION REQUIRED – SINGLE APPLICANT****E-services** Easy Access ATM Card Online Banking Mobile Banking Interactive Voice Response E-StatementsDo you have Life Insurance? Yes No Life Insurance Provider:Do you have Medical Insurance? Yes No Medical Insurance Provider:Do you own a House/Property? Yes No Home Insurance Provider:Do you own a vehicle? Yes No Vehicle Insurance Provider:

Vehicle Make/Model Vehicle Year/Age

Do you have a Retirement Savings Plan? Yes No Retirement Plan Provider Plan:Do you have a Will? Yes No Do you have a Trust Fund? Yes NoMobile Service Provider: FLOW Digicel Ozone OtherMobile Service Plan: Post-paid Service Pre-paid ServiceBill Payments: Surepay Online In Store OtherDo you have a BARP card? Yes No BARP No.:Do you have a VISA/ETA? Yes No Country: Expiry Date: Non-Immigrant Visa: Business/Tourist Visa Work Visa Immigrant Visa Student Visa OtherPhoto Capture: Yes NoPreferred Mode of Contact: Home Phone Mobile Phone Work Phone Email Post**MARKETING & PROMOTIONAL INFORMATION**

How did you find about the Credit Union and its Products & Services?

 Print Advertising COB Staff Member Referral Internet/Social Media Radio Advertising COB Member Referral Special Event Television Advertising Verbal Advertising Signage Other *(please state)*

ADDITIONAL INFORMATION REQUIRED – JOINT APPLICANT**E-services**

<input type="checkbox"/> Easy Access ATM Card	<input type="checkbox"/> Online Banking	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Interactive Voice Response	<input type="checkbox"/> E-Statements
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Do you have Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Provider:
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Do you have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance Provider:
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Do you own a House/Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Insurance Provider:
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Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Insurance Provider:
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Vehicle Make/Model	Vehicle Year/Age
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Do you have a Retirement Savings Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Plan Provider Plan:
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Do you have a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Trust Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Mobile Service Provider:	<input type="checkbox"/> FLOW	<input type="checkbox"/> Digicel	<input type="checkbox"/> Ozone	<input type="checkbox"/> Other
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Mobile Service Plan:	<input type="checkbox"/> Post-paid Service	<input type="checkbox"/> Pre-paid Service
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Bill Payments:	<input type="checkbox"/> Surepay	<input type="checkbox"/> Online	<input type="checkbox"/> In Store	<input type="checkbox"/> Other
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Do you have a BARP card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	BARP No.:
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Do you have a VISA/ETA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country:	Expiry Date:
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<input type="checkbox"/> Non-Immigrant Visa:	<input type="checkbox"/> Business/Tourist Visa	<input type="checkbox"/> Work Visa
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<input type="checkbox"/> Immigrant Visa	<input type="checkbox"/> Student Visa	<input type="checkbox"/> Other
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Photo Capture: <input type="checkbox"/> Yes <input type="checkbox"/> No

Preferred Mode of Contact:	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Post
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MARKETING & PROMOTIONAL INFORMATION

How did you find about the Credit Union and its Products & Services?
--

<input type="checkbox"/> Print Advertising	<input type="checkbox"/> COB Staff Member Referral	<input type="checkbox"/> Internet/Social Media
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<input type="checkbox"/> Radio Advertising	<input type="checkbox"/> COB Member Referral	<input type="checkbox"/> Special Event
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<input type="checkbox"/> Television Advertising	<input type="checkbox"/> Verbal Advertising	<input type="checkbox"/> Signage
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<input type="checkbox"/> Other (please state)

POLITICALLY EXPOSED PERSONS [PEP] DECLARATION – SINGLE APPLICANT

A PEP is a person who holds or has held an important public office in any country, such as head of state, government or member of Parliament as well as their immediate family members (spouse, children and their spouses, parents) and known close associates.

This form must be completed for every customer at the time of establishing a relationship with C.O.B.

PEP DETAILS

1. Do you hold or have held a prominent public function? Yes No

If you answered **YES** to 1 above:

Name of position:

Name of organisation:

Number of years in position:

If you answered **NO** to 1 above, please complete question 2 below

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

If you answered **YES** to 2 above:

What is your relationship to the family member:

Name of position held:

If you answered **NO** to 2 above, please complete question 3 below

3. Do you have a business associate or close friend/relative who holds or has held a prominent public position?

Yes No

If you answered **YES** to 3 above:

Name of position:

Name of organisation:

If you answered **NO** to 3 above, please complete question 4 below

4. Do you hold or have held a prominent position within an international organisation? Yes No

If you answered **YES** to 4 above:

Name of position:

Name of organisation:

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION FORM – SINGLE APPLICANT

Are you a United States of America Citizen or Green-Card Holder?

Yes No

Do you reside in the United States of America for 183 or more consecutive days a year?

Yes No

Do you have a Standing Order to transfer funds to an account maintained in the USA?

Yes No

Do you currently have effective Power of Attorney or Signatory authority granted to a person with a US address?

Yes No

Do you have controlling interest in a company incorporated in the USA or that has a US address?

Yes No

Are you a shareholder of a company located outside of the USA for which one or more US citizens or residents have controlling interest?

Yes No

If you were born in the USA but do not have US Citizenship, do you have a Certificate Loss of Nationality of the United States?

Yes No

If **NO**, state the reason why you did not obtain US Citizenship at birth or have the Certificate.

Taxpayer Identification No.:

Social Security number

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Employer Identification number

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DECLARATION: 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. The facts stated in this Declaration Form are to the best of my knowledge, information and belief, true. 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 authorized by them. I agree to satisfy the requirements of the Foreign Account Tax Compliance Act (FATCA) so far as they relate to me.

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

POLITICALLY EXPOSED PERSONS [PEP] DECLARATION – JOINT APPLICANT

A PEP is a person who holds or has held an important public office in any country, such as head of state, government or member of Parliament as well as their immediate family members (spouse, children and their spouses, parents) and known close associates.

This form must be completed for every customer at the time of establishing a relationship with C.O.B.

PEP DETAILS

1. Do you hold or have held a prominent public function? Yes No

If you answered YES to 1 above:	Name of position:
	Name of organisation:
	Number of years in position:

If you answered **NO** to 1 above, please complete question 2 below

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

If you answered YES to 2 above:	What is your relationship to the family member:
	Name of position held:

If you answered **NO** to 2 above, please complete question 3 below

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

If you answered YES to 3 above:	Name of position:
	Name of organisation:

If you answered **NO** to 3 above, please complete question 4 below

4. Do you hold or have held a prominent position within an international organisation? Yes No

If you answered YES to 4 above:	Name of position:
	Name of organisation:

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION FORM –JOINT APPLICANT

Are you a United States of America Citizen or Green-Card Holder?

Yes No

Do you reside in the United States of America for 183 or more consecutive days a year?

Yes No

Do you have a Standing Order to transfer funds to an account maintained in the USA?

Yes No

Do you currently have effective Power of Attorney or Signatory authority granted to a person with a US address?

Yes No

Do you have controlling interest in a company incorporated in the USA or that has a US address?

Yes No

Are you a shareholder of a company located outside of the USA for which one or more US citizens or residents have controlling interest?

Yes No

If you were born in the USA but do not have US Citizenship, do you have a Certificate Loss of Nationality of the United States?

Yes No

If **NO**, state the reason why you did not obtain US Citizenship at birth or have the Certificate.

Taxpayer Identification No.:

Social Security number

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Employer Identification number

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DECLARATION: 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. The facts stated in this Declaration Form are to the best of my knowledge, information and belief, true. 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 authorized by them. I agree to satisfy the requirements of the Foreign Account Tax Compliance Act (FATCA) so far as they relate to me.

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

City of Bridgetown Co-operative Credit Union Ltd.
C.O.B. Business Centre, Lower Broad Street, Bridgetown BB11000, Barbados, West Indies
Carlton Complex, Black Rock, St. Michael
Manor Lodge, St. Michael
Contact Centre: (246) 430-5900 Fax. No.: 436-2033
Email: cobcreditunion@cob.com Website: www.cobcreditunion.com