



**CITY OF BRIDGETOWN
CO-OPERATIVE CREDIT UNION LTD.**
"Measuring Success One Member at a Time"

MEMBER NO.:
MEMBER NO.:
ACCOUNT NO.:

PROSPERITY EARNER AGREEMENT

Account Type	<input type="checkbox"/> Single	<input type="checkbox"/> Joint OR	<input type="checkbox"/> Joint AND	<input type="checkbox"/> Corporate
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PRIMARY APPLICANT INFORMATION

Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
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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"/>
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Surname:	First Name:	Middle Name(s):
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Date of Birth: <i>(mm-dd-yyyy)</i>	Place of Birth:
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Nationality:	Dual Nationality <i>(if any)</i>
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Maiden Name <i>(before marriage)</i> :	Country of Residence:
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Residential Address (Street):

City/Town:	Parish/State:
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Zip/Postal Code:	Country:
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Telephone Nos:	Home:	Mobile:	Work:	Fax:
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Email (home):	Email (work):
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ID Card No.:	Issue Date:	Expires:
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Driver's Licence:	Issue Date:	Expires:
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Passport No.:	Issue Date:	Expires:
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Other:	Issue Date:	Expires:
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JOINT APPLICANT INFORMATION

Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
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Surname:	First Name:	Middle Name(s):
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Date of Birth: <i>(mm-dd-yyyy)</i>	Place of Birth:
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Nationality:	Dual Nationality <i>(if any)</i>
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Maiden Name <i>(before marriage)</i> :	Country of Residence:
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Residential Address (Street):

City/Town:	Parish/State:
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Zip/Postal Code:	Country:
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Telephone Nos.:	Home:	Mobile:	Work:	Fax:
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Email (home):	Email (work):
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CORPORATE APPLICANT INFORMATION

Business Name:		Account No.	
Business Address (Street):			
City/Town:		Parish/State:	
Zip/Postal Code:		Country:	
Telephone Nos.:		Business:	Fax:
Email Address:			

FINANCIAL INFORMATION

Certificate Amount		Annualized Interest Rate		Date of Maturity	
Method of Deposits: <input type="checkbox"/> Standing Order <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Over the Counter					
Banker's Reference (if applicable)					

TERMS AND CONDITIONS

1. The Prosperity Earner is available with a minimum deposit of \$2,000.00 per agreement.
2. No additional deposits will be accepted after opening the Prosperity Earner account.
3. The Prosperity Earner account is not transferable, negotiable or assignable except to the Credit Union.
4. The rate of interest quoted is on an annual basis and shall be as determined by the Board of Directors of City of Bridgetown Co-operative Credit Union Ltd.
5. The date of issuance and not the last day of the term shall form part of the interest calculation.
6. A certificate will be issued for the amount deposited, stating the term, rate of interest and maturity date.
7. Where a Prosperity Earner is purchased by cheque and the cheque is subsequently dishonored the equivalent in cash must be deposited at the Credit Union no later than 4:00 p.m. on the following business day.
8. The principal and interest will be re-invested at maturity for a similar term at the prevailing interest rate unless instructed otherwise.
9. The Certificate for any additional period(s) will be mailed to the Depositor at their last known address. Provision will be made for the Certificate to be collected in person where the Credit Union receives this instruction from the member in advance.
10. The Prosperity Earner may be used as security for a loan subject to the provisions of the Co-operative Societies Act, the Credit Union's Loans Policy and By- Laws.
11. Where the Prosperity Earner is being held as security, the funds will be frozen for the duration of the loan. In such instances, the relevant Certificate must be assigned to the Credit Union and subsequent Certificates will be retained by us until the loan is repaid.
12. The Prosperity Earner account will not receive any interest if it is closed before maturity.
13. The Credit Union requires 30 days written notice of the member's intention to close before maturity.
14. All Prosperity Earner Certificates must be surrendered to the Credit Union at the termination of this agreement. When redeeming a Prosperity Earner, matured or otherwise, the Certificate must be produced. If the certificate is not surrendered, payment will only be made upon completion of the Credit Union's Release Form duly signed by the Depositor(s) in lieu of the Certificate.
15. Payment of the proceeds of this Prosperity Earner will be made as follows:
 - a. Single Agreement – in the name instructed by the member.
 - b. Joint OR Agreement – in the name instructed by either Joint Owner.
 - c. Joint AND Agreement – in the name instructed by both Joint Owners.

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I/We understand and accept the terms and conditions governing the Prosperity Earner account. I/We declare and confirm that the facts herein stated are true to the best of my/our knowledge, information and belief. I/We hereby consent to the Credit Union verifying and disclosing this information or any other financial information to or obtaining further information from any other financial or other institution. I/We agree to conform to the By-Laws of this Credit Union.

Signature of Applicant.....	Signature of Joint Applicant:.....
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CORPORATE APPLICANT

Authorised Signatory		Date	
Authorised Signatory		Date	

FOR OVERSEAS APPLICANTS ONLY

Notarial Certificate (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.....

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.....

FOR OFFICIAL USE ONLY

Name of MSR opening Account (please print):.....

Signature of MSR opening Account:.....	Date: (mm/dd/yyyy)...../...../.....
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Name of MSO verifying Account (please print):.....

Signature of MSO verifying Account:.....	Date: (mm/dd/yyyy)...../...../.....
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POLITICALLY EXPOSED PERSONS [PEP] DECLARATION (SINGLE/CORPORATE APPLICANT)

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

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 (SINGLE/CORPORATE 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

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 herein stated in this Declaration Form are true to the best of my knowledge, information and belief. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to the Internal Revenue Service 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.

Signature of Applicant:.....

Date: (mm/dd/yyyy)...../...../.....

CORPORATE APPLICANT

Authorised Signatory

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ID:

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Date:

Authorised Signatory

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ID:

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Date:

POLITICALLY EXPOSED PERSONS [PEP] DECLARATION (JOINT/CORPORATE APPLICANT)

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

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

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Name of organisation:

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Yes No

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Taxpayer Identification No.:

Social Security number

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Signature of Joint Applicant:.....

Date: (mm/dd/yyyy)...../...../.....

CORPORATE APPLICANT

Authorised Signatory		ID:	Date:
Authorised Signatory		ID:	Date:

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