



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

MEMBER NO.:

SHARES ACCOUNT NO.:

DEPOSITS ACCOUNT NO.:

SINGLE

MEMBERSHIP APPLICATION FORM

Regular Account CARES Teen / Youth Account

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 *(At least two form of valid picture identification are required e.g. National ID, Passport, Valid Driver's Licence)*

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 *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 addresses 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:		Fax:	
Email (Home):						Email (Work):		

EMPLOYMENT INFORMATION *(If self-employed, a Certificate of Incorporation/Registration or equivalent is required)*

Employment Status: Permanent Temporary Seasonal Other
 Self-Employed Unemployed Retired 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: Weekly Bi-Weekly Monthly Job/Contract

Approximate Salary/Wages/Pension	<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: Standing Order Salary Deduction Teller
 ATM Deposits Fast Deposits

Anticipated No. of Transactions (per month)

0-5 6-10 11-20 >20

Reference 1: **Reference 2:**

Name: Name:

Address: Address:

Telephone Nos.: Telephone Nos.:

Home: Home:

Work: Work:

Mobile: Mobile:

TERMS AND CONDITIONS

On commencing membership with the City of Bridgetown Co-operative Credit Union Ltd. (hereinafter referred to as "COB"), a minimum deposit of fifty dollars (\$50.00) which represents 10 shares at a par value of \$5.00 is to be made to the established Qualifying Shares Account.

Members are required to maintain the minimum of \$50.00 on their shares account in order to retain membership. Accounts with less than the required minimum will be closed and the membership withdrawn.

A Membership fee, as determined by the Board of Directors of COB, shall apply.

In order to qualify to be a member of COB, the applicant must be a Citizen of Permanent Resident of Barbados or legally entitled to be a citizen of Permanent Resident of Barbados or a citizen of a CSME Member state. Membership is subject to ratification by COB's Board of Directors.

Interest rates are subject to change at the discretion of COB and such changes will be communicated to the member in a timely manner.

COB may at its discretion at any time and with or without notice to the Account Holder, assert a lien on the balance of the account and apply all or any part thereof to any debt whether secured or unsecured that may be owing to COB and provide a receipt to the Account Holder reflecting the amount applied to the debt.

This Agreement shall become effective upon the application at the address of COB, complete with the relevant signatures attached, an initial deposit of not less than \$50.00, in addition to a membership fee as determined by the Board of Directors and shall be governed by the Laws of Barbados in all respects including and without limitation to, matters of title, construction, validity performance and discharge and shall not be waived altered monitored or amended as to any of its terms or provisions except those to which COB may specifically consent in writing.

DECLARATION

I declare that I am not a member of another Credit Union in Barbados or that, If I am, I have declared this fact as above-stated and permission has been granted by that other Credit Union for me to become a member of this Credit Union. To the best of my knowledge and belief, I am an individual who is entitled to become a member of this Credit Union and I know of no circumstances which would prevent me from becoming such a member. The facts herein stated 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 or obtaining further information from any other financial or other institution. I agree to conform to the By-Laws of this Credit Union.

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

POLITICALLY EXPOSED PERSONS [PEP] DECLARATION

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

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).....

City of Bridgetown Co-operative Credit Union Ltd.
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Carlton Complex, Black Rock, St. Michael
Manor Lodge, St. Michael
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Email: cobcreditunion@cob.com Website: www.cobcreditunion.com