



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

MEMBER NO.:

MEMBER NO.:

ACCOUNT NO.:

PROSPERITY SECURER APPLICATION FORM

Account Type	<input type="checkbox"/> Single	<input type="checkbox"/> Joint OR	<input type="checkbox"/> Joint AND
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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"/>							
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:					
Nationality:		Dual Nationality (if any)					
Maiden Name (before marriage):		Country of Residence:					
Residential Address (Street):							
City/Town:		Parish/State:					
Zip/Postal Code:		Country:					
Telephone Nos.:	Home:		Mobile:		Work:		Fax:
Email (home):				Email (work):			
ID Card No.:		Issue Date:		Expires:			
Driver's Licence:		Issue Date:		Expires:			
Passport No.:		Issue Date:		Expires:			
Other:		Issue Date:		Expires:			

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"/>							
Surname:		First Name:			Middle Name(s):		
Date of Birth: (mm-dd-yyyy)		Place of Birth:					
Nationality:		Dual Nationality (if any)					
Maiden Name (before marriage):		Country of Residence:					
Residential Address (Street):							
City/Town:		Parish/State:					
Zip/Postal Code:		Country:					
Telephone Nos:	Home:		Mobile:		Work:		Fax:
Email (home):				Email (work):			

FINANCIAL INFORMATION

Initial Deposit	Amount (\$)	Cash	Cheque No.

Anticipated No. of Transactions (per month)

0-5 6-10 11-20 >20

Anticipated Value of Transactions (per month)

Under \$2000.00
 \$2,001.00 - \$4,000.00
 \$4,001.00 - \$6,000.00
 \$6,001.00 – \$8,000.00
 \$8,001.00 - \$10,000.00
 \$10,001.00 & over

Method of Deposits: Standing Order Salary Deduction Over the Counter Transfer from Account

<input type="checkbox"/> Shares	a/c#		Amount (\$)	
<input type="checkbox"/> Deposits	a/c#		Amount (\$)	
<input type="checkbox"/> Other:	a/c#		Amount (\$)	
<input type="checkbox"/> Other:	a/c#		Amount (\$)	

Banker's Reference (if applicable)

TERMS AND CONDITIONS

1. This product is specially designed for members 50 years and over.
2. The minimum balance for this account is \$4,000.00 which must be maintained at all times. Balances below the stipulated minimum will be transferred to Prosperity Deposits.
3. Interest rates will be as determined by The Board of Directors and are subject to change.
4. Interest will be calculated daily and credited at the end of each quarter.
5. No service charges will be applied to this account.
6. Prosperity Securer transactions will be accommodated at the Special Services Teller.

I understand and accept the terms and conditions governing the Prosperity Securer 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:.....

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)...../...../.....

Name of MSO verifying Account (please print):.....

Signature of MSO verifying Account:.....

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

POLITICALLY EXPOSED PERSONS [PEP] DECLARATION (SINGLE 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 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)...../...../.....

POLITICALLY EXPOSED PERSONS [PEP] DECLARATION (JOINT 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 (JOINT/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

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Yes No

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Social Security number

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Employer Identification number

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Signature of Joint Applicant:.....

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