

Membership Application Form



BET CO-OPERATIVE CREDIT UNION LTD
Strong Past, Secure Future.

ACCT # _____

PASSBOOK # _____

Personal Information

Please use capital letters (ALL CAPS) when completing the form fields

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name(s)	Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Birth	Nationality	National Registration Number	TAMIS Number

<input type="text"/>	<input type="text"/>
Date of Birth <i>DD/MM/YY</i>	Address

<input type="text"/>	<input type="text"/>
How long have you been at this current address?	If less than two years, please provide your previous address.

Marital Status

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	

Employment Status

<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Student
<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed	

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. <i>Home</i>	<i>Work</i>	<i>Mobile</i>

<input type="text"/>	<input type="text"/>
Email	Occupation

<input type="text"/>
Purpose of account

<input type="text"/>
<i>Employer & Address OR if self Employed, name and nature of business</i>

<input type="text"/>
How did you hear about BET Co-operative Credit Union Ltd?

Anti-Money Laundering Disclosure

Anti-Money Laundering legislation requires that we, (BET Co-operative Credit Union Ltd) verify the source of funds before accepting deposits in excess of US equivalent \$5,000.00 regardless of the currency. We, (BET Co-operative Credit Union Ltd) are also required to obtain from each new applicant a disclosure of the amount and frequency of funds to be deposited.

<input type="text"/>
Source of Funds <i>Salary, business, etc.</i>

<input type="text"/>	Frequency
Average Deposit	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly



Politically Exposed Person (PEP) Self-Declaration

Please read the definition below carefully and confirm whether you are or are not a PEP. Also please confirm whether you are or are not a family member or close associate to a PEP.

The Anti-Money Laundering/Combating Financing of Terrorism and Proliferation Guideline in Barbados defines a politically exposed person as "an individual, family member of an individual or a socially or professionally connected person to the individual who has or has been entrusted with prominent public function or connected with an international organization." These are inclusive of the following:

- Head of state, head of government, government minister, deputy or assistant government minister.
- Member of Parliament, senators.
- Member of a supreme court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal.
- Member of a court of auditors or board of a central bank.
- Ambassadors or Charge d'affaires.
- High ranking official in the armed forces or senior civil service.
- Member of the administrative, management or supervisory bodies of state-owned enterprise.
- Director, deputy director, or board member of an international public organization.

Are you a politically exposed person as defined above?

Yes

No

If YES, please list the position(s) that you hold or have held:

Family Members & Close Associates

A 'family member' Includes:

- A spouse or partner
- Children and their spouses & partners
- Parents
- Brothers and sisters

A 'close associate' includes:

- Individuals with joint beneficial ownership of a legal entity or legal arrangement or other close business relationship with a person
- An individual who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up in the benefit of a person.

Are you a family member or close associate of a politically exposed person?

Yes

No

If YES, please provide your family member's or close associates'

If at any time I become a politically exposed person, family member or close associate of a politically exposed person I will inform the credit union.

Full Name

Name

Position(s)

Signature

Relationship with you

Date

DD/MM/YY



Declaration of Dual Membership

Do you currently belong to another Credit Union in Barbados? Yes No **If YES, please state the name of the Credit Union**

Please note that your membership to the BET Co-operative Credit Union Ltd will be pending, subject to the receipt of written approval from the Credit Union stated above.

I am aware that final membership is subject to the approval of the Secretary of the Board of Directors and that any monies paid to the BET Co-operative Credit Union Ltd with my application will be refunded if my application is not approved. 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, The Co-operative Societies Act and the regulations and any amendments thereof, and to confirm that I have read and understood the terms and conditions of coverage.

FATCA Declaration

Are you, or were you ever a U.S. Citizen? <i>(Including dual nationality)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you born in the United States or a U.S. territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or were you ever a lawful permanent resident of the U.S? <i>(Green Cardholder)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you reside in the U.S. for at least 183 days a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a U.S. Mailing Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a U.S. Phone Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a U.S. P.O. Box Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a U.S. In-Care-Of Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have standing instructions to transfer funds to an account maintained in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have effective Power of Attorney or Signature Authority granted to a person with a U.S. address?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of the questions above, you may be asked to provide additional information.

If you were born in the U.S. but do not have a U.S. Citizenship, do you have a Certificate of Loss of Nationality of the United States? Yes No NA

If NO, please indicate the reason you did not obtain US citizenship at birth or have the certificate.

Copy of Non-US passport provided?
 Yes No NA

Early Closure Fee

I understand that I will have to pay an administrative fee of \$20, if this account is closed within 90 days of the date adjacent.

Signature

Date

DD/MM/YY

SUBMIT FORM

PRINT

RESET



OFFICIAL USE ONLY

Identification Provided

<input type="checkbox"/>	BARBADOS ID CARD NO.	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/>	DRIVERS LICENSE NO.	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/>	PASSPORT NO.	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>

Additional Documents Received

Documents received by Date

Approved by Committee of Management	<input type="checkbox"/>	Date	<input type="text"/>	Approved by General Meeting	<input type="checkbox"/>	Date	<input type="text"/>
Enrolled as a Probationer	<input type="checkbox"/>	Date	<input type="text"/>	Enrolled as a Member	<input type="checkbox"/>	Date	<input type="text"/>
Entrance Fee of \$5.00 paid	<input type="checkbox"/>	Date	<input type="text"/>	<input type="text"/>			
				Secretary			

Proposed by Seconded by

Notes