



# PALO SECO CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

## MEMBERSHIP APPLICATION FORM

### A. IDENTIFICATION INFORMATION (Please type or complete in Block letters)

Title: Mr.  Mrs.  Ms.  Marital Status: Single  Married  Divorced  Widowed  Separated  Common Law

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Surname: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ PIN# \_\_\_\_\_  
YYYY MM DD

Nationality: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Resident: Yes  No  If "No", state Country of Residence \_\_\_\_\_ SSN \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Telephone Numbers: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### B. VERIFICATION OF IDENTITY AND ADDRESS: (Original documents must be submitted)

Type of ID (2 forms of ID)	Number	Country of Issue	Expiry Date (yy/mm/dd)
National ID			
Driver's Permit			
Passport			

Address Verification : Utility Bill (Electricity/Water/Telephone/Cable  Current Bank Statement

### C. EMPLOYMENT DETAILS:

Classification: Private Sector  Public Sector  Self-Employed  Retired  Homemaker  Student

Employer Name: \_\_\_\_\_ If Self Employed or with side business please complete

Name of Business: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Employer Phone No. ( \_\_\_\_\_ )

School : \_\_\_\_\_ Occupation: \_\_\_\_\_

Status: Permanent  Temp  Casual  Contract  Business Tel. No.: \_\_\_\_\_

Gross monthly Income: \$1,000 - \$5,000  \$5,000 - \$10,000  \$10,000 - \$15,000  \$15,000 - \$20,000  >\$20,000

### D. APPOINTMENT OF NOMINEE / BENEFICIARY: \*\*

In the event of death I, \_\_\_\_\_ hereby nominate the following person(s) to receive any monies accruing to me in the Society:

1. Name: \_\_\_\_\_ Rel. to Member: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

Address: \_\_\_\_\_

ID/DP/PP#: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_ Percent \_\_\_\_\_

2. Name: \_\_\_\_\_ Rel. to Member: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

Address: \_\_\_\_\_

ID/DP/PP#: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_ Percent \_\_\_\_\_

\*\* If a member wants to nominate more than two (2) beneficiaries, continue on the members' data update form.

**E. Domestic and Foreign Politically Exposed Person (PEP):** Regulations 20 (1) (a) to (f) (2) to (5) of the Financial Obligation Regulations 2010

Are You:

- a. A current or former senior official in the executive, legislative, administrative or judicial branch of a local or foreign government? Yes  No
  - b. A senior official of a major political party? Yes  No
  - c. A senior executive of a local and foreign government-owned commercial enterprise? Yes  No
  - d. A senior military official? Yes  No
  - e. An immediate family member of a person mentioned in paragraphs (a) to (d) above, (spouse, parent, sibling, child or the parent, sibling or additional children of the person's spouse)? Yes  No
  - f. A close associate (socially or professionally) of a person mentioned in paragraph (a) to (d)? Yes  No
- (If Yes, please provide details: \_\_\_\_\_)

If any of the above from (a) to (d), please state period of service: \_\_\_\_\_

**F: APPLICABLE TO NON-RESIDENTS ONLY (Please attach certified copies of documents / references as required)**

Name and Address of Foreign Financial Institution: \_\_\_\_\_

Telephone No. of Foreign Financial Institution: ( ) \_\_\_\_\_

**G. MEMBER'S DECLARATION:**

I, \_\_\_\_\_, hereby submit this application for membership at the **Palo Seco Credit Union Co-operative Society Limited** and declare/confirm that the information provided is true and correct to the best of my knowledge. I agree to adhere to the Bye-laws and rules governing the operations of Palo Seco Credit Union, to use the services of the Credit Union for valid purposes only and to refrain from using the services of the Credit Union for the purpose of Money Laundering and (or) Terrorist Financing and promise to inform Palo Seco Credit Union of any changes therein immediately.

\*I enclose herewith the sum of \$ \_\_\_\_\_

Shares	\$	_____
Deposit	\$	_____
Nom. Fee	\$	_____
Ent. Fee	\$	_____
Rule Book	\$	_____
<b>TOTAL:</b>	<b>\$</b>	<b>_____</b>

\* Payments to be made through:

Credit Union office	<input type="checkbox"/>
Wages/Salary Deduction	<input type="checkbox"/>
Standing Order	<input type="checkbox"/>

Receipt No. \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_  
(Name in Block Letters) (Signature) Account No.

Name of Applicant (Please Print Name) \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ / /  
YYYY MM DD

Credit Union Representative \_\_\_\_\_ Signature \_\_\_\_\_ / /  
YYYY MM DD

**FOR OFFICIAL USE ONLY**

UN 2253, FATF Recommendations for NCCT's & T'dad and T'hgo Consolidated List of Court Orders checked: Yes  No

Compliance Officer Name \_\_\_\_\_ Compliance Officer Signature \_\_\_\_\_ / /  
YYYY MM DD

Approved at Board of Directors' meeting. Account No. Assigned: \_\_\_\_\_

Secretary \_\_\_\_\_ Date: \_\_\_\_\_ / /  
YYYY MM DD

President \_\_\_\_\_ Date: \_\_\_\_\_ / /  
YYYY MM DD