



Account No.
(For official use only):

MEMBERSHIP APPLICATION FORM

PLEASE NOTE THE REQUIREMENTS FOR PROCESSING YOUR MEMBERSHIP APPLICATION:

- 2 valid forms of I.D, one of which must be photo identification (e.g. National I.D. card, passport or driver's license)
- Proof of Address (*please refer to the relevant section below*)
- \$5 Application fee and \$50 Membership Qualifying Shares

| | | | | | |
|---|-------------------------------------|---|--|--|---|
| Family name | | First name | Middle initial(s) | Date of birth <i>Day / Month / Year</i> | Gender M () F () |
| Country of birth: | | Please specify the country or countries of which you are a citizen: | | Marital status S () M () D () W () | Minor (<i>Tick</i>) Yes () No () |
| 2 types of valid identification → | ID Type 1 (photo): | ID Type 2: | | Tel #(h): | |
| | ID Number: | ID Number: | | Tel #(w): | |
| | Expiry Date: <i>(DD/MM/YYYY)</i> | Expiry Date: <i>(DD/MM/YYYY)</i> | | Mobile: | |
| Email address (personal): | | | Email address (work/business): | | |
| Current address (cannot be a Post Office Box) | | | Mailing address (if different from current address) | | |
| <p>The Credit Union must verify your address in accordance with Know-Your Customer Regulations. Kindly submit original documents from one of the options listed below for this purpose (please tick the appropriate box below):</p> <p><input type="checkbox"/> Utility bill, tax bill from the Barbados Revenue Authority</p> <p><input type="checkbox"/> A statement from another financial institution with your current address e.g. Bank, Credit Union</p> <p><input type="checkbox"/> A hire purchase statement from a recognised business establishment e.g. Massy, Cave Shepherd or Courts</p> <p><input type="checkbox"/> Letter from the landlord (or parent in the case of someone living with parents) along with a recent rent receipt & the utility bill for the residence</p> <p><i>Documents must have been issued within 3 months of submission to our Offices</i></p> | | | | | |
| <p>Are you a Politically Exposed Person (PEP)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If yes, please tick and briefly state why you are a PEP in the space provided, e.g. place/type of employment, name of relative who is a PEP):</p> <p><input type="checkbox"/> Employment _____</p> <p><input type="checkbox"/> Family relation _____</p> <p><input type="checkbox"/> Close association (professional or social) with a PEP _____</p> <p><input type="checkbox"/> Other _____</p> | | | | | |
| Name, address, & telephone number of current employer (Branch, if applicable) | | | If with current employer for less than 2 years, name, address & telephone number of past employer | | |
| Current occupation (if self-employed, please state, e.g. Plumber, Artist, Hairdresser) | | | Are you a former member of this Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the account no.: | | |
| Please list the Credit Union(s) of which you are currently a member: | | | | | |
| (1) | | (3) | | | |
| (2) | | (4) | | | |
| Purpose of account (<i>Please tick as appropriate</i>): | | | Pay Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly | | |
| <input type="checkbox"/> Savings <input type="checkbox"/> Investments <input type="checkbox"/> Loans | | | MONTHLY salary or pension range (<i>Please tick as appropriate</i>): | | |
| <input type="checkbox"/> Other (<i>specify</i>): | | | \$0 to \$1000 () \$1001 to \$3000 () \$3001 to \$5000 () | | |
| | | | \$5001 to \$10,000 () > \$10,000 () | | |

| | |
|--|---|
| Anticipated MONTHLY Deposits/Source of Funds (amount of funds being deposited and the source of these funds (SOF)) Amount \$ SOF: | Qualification for membership (Please tick the suitable option/s): Employer () Relative () Recommended () Please list the name(s) of your employer, relative or recommenders. Please also state relation (e.g. spouse) where qualification is by relative: (1) (2) |
| Do you operate a business? Yes <input type="checkbox"/> <input type="checkbox"/> No | If yes, please specify the type of business: |

How did you find out about Lifetime Co-operative Credit Union Ltd?

| | | | |
|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Television Ad | <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Lifetime Member | <input type="checkbox"/> Lifetime Staff | <input type="checkbox"/> Presentation | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Other (specify): | | | |

PLEASE NOTE: MEMBERSHIP APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS AND MANAGEMENT OF THE LIFETIME CO-OPERATIVE CREDIT UNION LTD.

I UNDERSTAND THAT I WILL HAVE TO PAY AN ADMINISTRATIVE FEE OF \$25 IF THIS ACCOUNT IS CLOSED WITHIN 6 MONTHS OF THE DATE OF OPENING.

| | | |
|---|--|---------------|
| _____ NAME OF APPLICANT | _____ SIGNATURE OF APPLICANT | _____ DATE |
| _____ NAME OF CREDIT UNION REPRESENTATIVE RECEIVING APPLICATION | _____ SIGNATURE OF CREDIT UNION REPRESENTATIVE RECEIVING APPLICATION | _____ DATE |
| _____ NAME OF CREDIT UNION REPRESENTATIVE FORWARDING APPLICATION | _____ SIGNATURE OF CREDIT UNION REPRESENTATIVE FORWARDING APPLICATION | _____ DATE |

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Recommendation of Compliance/Designated Officer: Accept Decline

Notes:

| | | |
|---------------|--------------------|---------------|
| _____ NAME | _____ SIGNATURE | _____ DATE |
|---------------|--------------------|---------------|

Authorisation and verification of application:

| | | |
|----------------------------------|---|---------------|
| _____ AUTHORISING MANAGER | _____ SIGNATURE OF AUTHORISING MANAGER | _____ DATE |
| _____ AUTHORISING MANAGER | _____ SIGNATURE OF AUTHORISING MANAGER | _____ DATE |
| _____ DATA ENTRY OPERATOR | _____ SIGNATURE OF DATA ENTRY OPERATOR | _____ DATE |
| _____ OFFICER VERIFYING INPUT | _____ SIGNATURE OF OFFICER VERIFYING INPUT | _____ DATE |