



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, Gender, Country of birth, Please specify the country or countries of which you are a citizen, Marital status, Minor (Tick)

2 types of valid identification -> ID Type 1 (photo), ID Number, Expiry Date, ID Type 2, ID Number, Expiry Date, Tel #(h), Tel #(w), Mobile

Email address (personal), Email address (work/business)

Current address (cannot be a Post Office Box), Mailing address (if different from current address)

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):

- Utility bill, tax bill from the Barbados Revenue Authority
A statement from another financial institution with your current address e.g. Bank, Credit Union
A hire purchase statement from a recognised business establishment e.g. Massy, Cave Shepherd or Courts
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

Documents must have been issued within 3 months of submission to our Offices

Are you a Politically Exposed Person (PEP)? Yes No
(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):
Employment
Family relation
Close association (professional or social) with a PEP
Other

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? Yes No, If yes, please specify the account no.:

Please list the Credit Union(s) of which you are currently a member:

- (1) (2) (3) (4)

Purpose of account (Please tick as appropriate): Savings, Investments, Loans, Other (specify); Pay Cycle: Weekly, Fortnightly, Monthly; MONTHLY salary or pension range (Please tick as appropriate): \$0 to \$1000, \$1001 to \$3000, \$3001 to \$5000, \$5001 to \$10,000, > \$10,000

<b>Anticipated MONTHLY Deposits/Source of Funds (amount of funds being deposited and the source of these funds (SOF))</b>  Amount \$                      SOF:	<b>Qualification for membership (Please tick the suitable option/s):</b>  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)
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<b>Do you operate a business?</b>  Yes <input type="checkbox"/> <input type="checkbox"/> No	<b>If yes, please specify the type of business:</b>
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<b>How did you find out about Lifetime Co-operative Credit Union Ltd?</b>			
<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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<b>Recommendation of Compliance/Designated Officer:</b>	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline
<b>Notes:</b>		
_____		
_____		
_____		
_____ NAME	_____ SIGNATURE	_____ DATE

<b>Authorisation and verification of application:</b>		
_____ 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