

Membership Application

ACCOUNT NUMBER

Nature of the business if self-employed

| PERSONAL INFORM | IATION | | | | |
|--|---------------------|---------------------|-----------------|-------------|--|
| First name Last Name | | | | | |
| Middle Name | | Alias (if any) | | | |
| Male: Female: | | D.O.B: | | | |
| IDENTIFICATION | | | | | |
| Social Security | Passport | Driver's Li | cense | National ID | |
| ID Number | 1 | | Country | | |
| ID Number | | | Country | | |
| Country of Birth | | | Nationality | | |
| Dual Nationality Yes | No | | Tax ID Num | ber | |
| Address | | | | | |
| | | | | | |
| | | | | | |
| Tel: | | Email address: | | | |
| Marital Status: Single | Married | Cohabiting | Divorced | Widowed | |
| Number of Dependents: | | | | | |
| | | | | | |
| Are you a Politically Exposed person (PEP)? Yes No | | | | | |
| Are you a member of ar | other Credit Union | No | | | |
| | | - | | | |
| INCOME /EMPLOYM | MENT DETAILS | | | | |
| Which of the following | best describes your | occupation? (Please | tick one box on | ly) | |
| Employed Full-time | Employed Pa | art-time Self | Employed | Retired | |
| Unemployed | House person | Student | Minor | Pensioner | |
| Employer Name: | | | | | |
| Employer Address: | | | | | |
| | | | | | |
| Business Tel: | Job Title: | | | | |

| Time with this employer/self-employed: Years | | | Months | | | |
|--|--------------------|---------------------|-----------------|---|--|--|
| Monthly Income rang | ge: \$0-\$1000 | \$1001-\$2500 | \$2501-\$3500 | \$3501-\$4500 | | |
| \$4501-\$5500 | \$5501-\$7000 | over \$7000 | Other Income \$ | | | |
| Source of funds to be | deposited | | | | | |
| Estimated amount to | be deposit \$ | | weekly | bi-weekly | | |
| | | | monthly | annually | | |
| BENEFICIARY NO | <u>OMINATION</u> | | | • | | |
| standing to the credit | of your shares or | deposits account or | paid under and | o receive any and all sums of money d by virtue of terms and conditions of ce Society to the said Credit Union? | | |
| 1. | | Relationship | | D.O.B | | |
| 2. | | Relationship | | D.O.B | | |
| 3. | | Relationship | | D.O.B | | |
| 4. | | Relationship | | D.O.B | | |
| 5. | | Relationship | | D.O.B | | |
| | | | | | | |
| BENEFICIARY IN | FORMATION | | | | | |
| #1.Address | | Tel | | Allotted % | | |
| #2.Address | | Tel | | Allotted % | | |
| #3.Address | | Tel | | Allotted % | | |
| #4.Address | | Tel | | Allotted % | | |
| #5.Address | | Tel | | Allotted % | | |
| Witness name: | | Signature: | | | | |
| Witness name: | | Signature: | | | | |
| Applicant Signature: | | | | Date: | | |
| FOR OFFICIAL USE ONLY | | | | | | |
| Account # | Account # | | Date opened: | | | |
| Risk: High | Risk: High Medium: | | Low: | PEP | | |
| Approved by: | | | Date: | | | |
| | | | | | | |