SVG POLICE CO-OPERATIVE CREDIT UNION

# SAINT VINCENT AND THE GRENADINES POLICE CO-OPERATIVE CREDIT UNION LIMITED APPLICATION FOR MEMBERSHIP

MEMBER NO.: ☐☐☐☐☐☐☐☐

PASSBOOK NO.: ☐☐ - ☐☐☐

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

## SECTION A. PERSONAL INFORMATION

SURNAME _____ FIRST NAME _____ MIDDLE NAME _____ ALIAS _____ MAIDEN NAME _____

PRIMARY RESIDENTIAL ADDRESS _____

MAILING ADDRESS _____
*(If different from above)*

DATE OF BIRTH _____ (D D / M M / Y Y Y Y) GENDER M ☐ F ☐ NO. OF DEPENDENTS _____

PLACE OF BIRTH _____ TOWN/CITY _____ COUNTRY

NATIONALITY _____ CITIZEN ☐ RESIDENT ☐

MARITAL STATUS SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED ☐ COMMON LAW ☐
(Please Tick One)

NATIONAL ID NO. / OTHER _____ ISSUE DATE (D D / M M / Y Y Y Y) _____ EXPIRY DATE (D D / M M / Y Y Y Y) _____ COUNTRY OF ISSUANCE _____

DRIVER'S PERMIT NO. _____ ISSUE DATE (D D / M M / Y Y Y Y) _____ EXPIRY DATE (D D / M M / Y Y Y Y) _____ COUNTRY OF ISSUANCE _____

PASSPORT NO. / OTHER _____ ISSUE DATE (D D / M M / Y Y Y Y) _____ EXPIRY DATE (D D / M M / Y Y Y Y) _____ COUNTRY OF ISSUANCE _____

BIRTH CERTIFICATE _____ COUNTRY OF ISSUANCE _____

HOME PHONE NO. _____ MOBILE NO. _____ WORK PHONE NO. _____ EXTENSION _____

EMAIL ADDRESS _____

## SECTION B. EMPLOYMENT INFORMATION

EMPLOYMENT STATUS ( Tick All that Applies )

☐ PERMANENT ☐ TEMPORARY ☐ CASUAL ☐ CONTRACT ☐ SELF EMPLOYED ☐ UNEMPLOYED ☐ RETIRED

PAY FREQUENCY ☐ WEEKLY ☐ FORTNIGHTLY ☐ MONTHLY

DATE JOINED COMPANY _____ (D D / M M / Y Y Y Y)

SECTOR EMPLOYED

PUBLIC ☐ PRIVATE ☐ SELF EMPLOYED ☐ MONTHLY INCOME _____

OCCUPATION _____ EMPLOYEE NUMBER _____

EMPLOYER _____

EMPLOYER ADDRESS _____

## SECTION C. ACCOUNT INFORMATION

ACCOUNT FUNDED VIA SALARY ☐ OTHER ☐ _____

*(Specify other source of funds. How will you fund the account? E.g. Savings from bank account)*

PURPOSE OF ACCOUNT _____

EXPECTED AMOUNT IN _____

EXPECTED AMOUNT OUT _____

PREVIOUS MEMBER? YES ☐ NO ☐

ANY BUSINESS ACCOUNT HELD WITH THE ORGANIZATION? YES ☐ NO ☐

IF YES, WHAT IS THE NAME OF THE BUSINESS? _____

BUSINESS ACCOUNT #: _____

## SECTION D. NOMINATION OF BENEFICIARY - In the event of death, I hereby appoint a beneficiary to receive net shares and deposits owing to me in accordance with S.105(1) of the Co-operative Society Act No. 12 of 2012

NOMINEE

| Name | Address | Relationship | Telephone # | Proportion % |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

## SECTION E. GENERAL INFORMATION

**PREFERRED METHOD OF COMMUNICATION**

PHONE CALL ❑ E-MAIL ❑ TEXT MESSAGE ❑ MAIL ❑

WOULD YOU BE INTERESTED IN A LOAN WITHIN THE NEXT SIX (6) MONTHS? YES ❑ NO ❑

VEHICLE ❑ MORTGAGE ❑ LAND ❑ PERSONAL ❑

## SECTION F. FATCA DECLARATION

ARE YOU A CITIZEN OUTSIDE OF SVG, WERE YOU BORN IN THE USA, ARE A CITIZEN, RESIDENT OR GREEN CARD HOLDER OR NON-RESIDENT ALIEN WHO HAS BEEN PRESENT IN THE USA FOR 6 MONTHS (183 DAYS) OVER THE LAST 3 YEARS? YES ❑ NO ❑

IF YES, STATE REASON FOR WANTING TO ESTABLISH A BUSINESS RELATIONSHIP WITH THIS INSTITUTION. _____

_____

ARE YOU A POWER OF ATTORNEY OR AN AUTHORIZED SIGNATORY WITH A U.S. ADDRESS OR ARE GIVING STANDING INSTRUCTIONS FOR THE TRANSFER OF FUNDS TO A U.S. ACCOUNT? YES ❑ NO ❑

ARE YOU A PERSON WHO MUST COMPLY WITH DISCLOSURE REQUIREMENT OF TAX RESIDENCY? YES ❑ NO ❑

IF YOU SELCTED YES TO ANY OF THE AFOREMENTIONED, PLEASE REQUEST A FATCA SELF-DECLARATION FORM.

## SECTION G. PEP IDENTIFICATION (POLITICALLY EXPOSED PERSONS)

**DO YOU FALL UNDER ANY OF THE FOLLOWING CATEGORIES?**

- ✓ HEADS OF STATE, HEADS OF GOVERNMENT, SENIOR POLITICIANS & AFFILIATES YES ❑ NO ❑
- ✓ SENIOR GOVERNMENT OFFICIAL, JUDICIAL OR MILITARY OFFICIALS YES ❑ NO ❑
- ✓ EXECUTIVE OF STATE-OWNED CORPORATIONS, MINISTRIES, STATUTORY BODIES YES ❑ NO ❑
- ✓ IMPORTANT POLITICAL PARTY OFFICIALS YES ❑ NO ❑
- ✓ INTERNATIONAL & REGIONAL ORGANIZATIONS YES ❑ NO ❑
- ✓ IMMEDIATE FAMILY MEMBERS OF PEPS YES ❑ NO ❑
- ✓ CLOSE PERSONAL OR PROFESSIONAL ASSOCIATES OF PEPS YES ❑ NO ❑

IF YOU SELECTED YES TO ANY OF THE AFOREMENTIONED, PLEASE REQUEST A PEP FORM

## CONTACT PERSON INFORMATION

SURNAME _____ FIRST NAME _____ CONTACT NO. _____

ACCEPTANCE OF YOUR MEMBERSHIP IS ON THE UNDERSTANDING THAT YOU WILL ABIDE BY THE RULES AND BY-LAWS OF PCCU. FAILURE TO DO SO MAY RESULT IN YOUR EXPULSION FROM THE ORGANISATION.

I hereby certify that the above information is true and correct as at the date completed.

**MEMBER'S SIGNATURE**
**(Please sign inside box)**

DATE _____ D D / M M / Y Y Y Y

WITNESSED BY _____ DATE _____ D D / M M / Y Y Y Y

## FOR OFFICIAL USE ONLY

FORMER MEMBER YES ❑ NO ❑ MEMBER NO _____ IS ACCOUNT JOINT YES ❑ NO ❑

DATE OF APPLICATION _____ D D / M M / Y Y Y Y DATE JOINED C.U. _____ D D / M M / Y Y Y Y

| | YES | NO | | YES | NO | | YES | NO |
|---|---|---|---|---|---|---|---|---|
| SANCTION List Checked | ❑ | ❑ | PEP Completed | ❑ | ❑ | FATCA Dec. Completed | ❑ | ❑ |
| Match Found | ❑ | ❑ | PEP Identified | ❑ | ❑ | Member Identified | ❑ | ❑ |

CHECKED BY: _____ SIGNATURE _____ PRINT NAME DATE _____ D D / M M / Y Y Y Y

ENTERED BY: _____ SIGNATURE _____ PRINT NAME DATE _____ D D / M M / Y Y Y Y

REVIEWED BY: _____ SIGNATURE _____ PRINT NAME DATE _____ D D / M M / Y Y Y Y