



ELKS CITY OF CASTRIES COOPERATIVE CREDIT UNION LTD.

MEMBERSHIP UPDATE

I (A/C#: _____)

Hereby update my membership at the

**ELKS CITY OF CASTRIES CO-OPERATIVE CREDIT UNION; Tel: 452-6820, and I agree to conform to the
Bye-laws thereof, and to the Co-operative Societies' Act and rules and amendments thereof.**

Place of Birth:

Mobile No:

Nationality:

Home No:

Citizenship:

Passport No:

Email Address:

Driver's Licence No:

NIC No:

ID No:

Gender: Male Female

Mailing Address:

Marital Status: Single Married Divorced Widowed Common Law

Residential Status: Resident Non-Resident

Address:

Date of Birth:

Work Place:

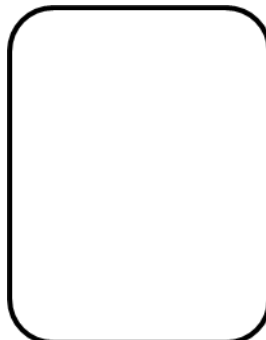
Occupation:

Work Address:

Signature:

Work No:

Date:



Name of Society: ELKS CITY OF CASTRIES CO-OPERATIVE CREDIT UNION LTD.

Appointment of Nominee

In accordance with Section 17 of the Co-operative Societies Act Chapter 82 rule of the Cooperative Societies Rule, made thereunder, and the Bye-Laws of the above named Society, I hereby nominate the following person (or persons) to whom or to whose credit the share or interest or the value of such share or interest held by me in the said society shall in the event of my death be paid or transferred (in the proportions respectively shown hereunder).

Beneficiaries

<u>Relationship To Member</u>	<u>Name</u>	<u>Home Address</u>	<u>Contact No.</u>	<u>Mailing Address</u>	<u>Occupation</u>	<u>Percentage to transfer</u>

SIGNATURE OF MEMBER:

DATE:

Recorded in register of Members on:

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SECRETARY

ELK'S CITY OF CASTRIES COOPERATIVE CREDIT UNION

ACCOUNT NUMBER:

INFORMATION REQUIRED FOR ALL BENEFICIAL OWNERS 10% or MORE, SIGNING OFFICERS, OFFICERS and DIRECTORS

Beneficial Signing Director Officer

Salutation/Title: _____ Marital Status: Single Married Divorced Widowed Common Law

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Country of Birth: _____

Nationality: _____

Country of Citizenship: _____

NIC#: _____

Place of birth: _____

	ID Type:		
	ID #:	Issue Date:	Expiry Date:
	ID Type #2:		
	ID #2:	Issue Date:	Expiry Date:

YOUR ADDRESS

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Number of years at address: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Country: _____

CONTACT DETAILS

Home Phone: _____ Contact Time: _____ Work Phone: _____ Contact Time: _____

Mobile: _____ Contact Time: _____ E-mail Address: _____

SECURITY INFORMATION

Name of Family Member (Except Mother): _____ Relationship: _____ Date of Birth: _____

Mother's Maiden Name: _____

EMPLOYMENT/FINANCIAL DETAILS

Employment Status: Employed Self Employed Retired Student Unemployed

Employment Type: Full-time Part-time Contract

Job Title: _____ Occupation: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Monthly Income <\$2,501 \$2,501-\$5,000 \$5,001-\$7,500
 \$7,501-\$10,000 >\$10,000 N/A

How do you receive your monthly income? Cash Cheque Direct Deposit Wire Transfer N/A

Will your salary/pension be credited into your Credit Union account? YES NO

US STATUS (PLEASE CHECK YES OR NO FOR EACH QUESTION)

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you a US resident/citizen? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you hold a US Permanent Resident Card (green card)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you have a US address? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you hold a Power of Attorney or have signatory authority for anyone residing in the US? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you spend more than 6 months in the US annually? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

¹a U.S. person as United States (U.S.) person is defined as one of the following: (a) An individual who is a U.S. citizen or U.S. resident alien; (b) A partnership, corporation, company or association created or organized in the United States or under the laws of the United States; (c) An estate (other than a foreign estate); or (d) domestic trust.

BENEFICIAL OWNER

I AM the beneficial owner of the account being opened and undertake to notify the credit union immediately, in writing, of any change in beneficial ownership

I AM NOT the beneficial owner of the account being opened. (Please provide beneficial owner details)

NAME:

ADDRESS:

"Beneficial owner" refers to the natural person who ultimately owns or controls a customer and/or the person on whose behalf a transaction is conducted.

POLITICALLY EXPOSED PERSONS (PEP)

1. Are you a **politically exposed person**? Yes No
2. Are you associated with any **politically exposed person**? Yes No

DECLARATION

- 1) I authorize the Credit Union to release any information pertaining to the operation of my account by mail, fax, or delivery; either original or copies of documents, any confidential information that you may have in your possession whenever it becomes necessary to do so for the following purposes:
- a) In order to verify the existence and condition of my account for credit bureaus and like agencies;
 - b) In order to comply with directions of a regulatory body or agency, orders from a regulatory body or agency, court orders by any Court of competent jurisdiction within St. Lucia or under the provisions of any law in St. Lucia;
 - c) In order to comply with reasonable and legitimate requests from other financial institutions in circumstances where it is necessary for completing business transactions on my behalf;
 - d) In response to requests of persons providing services to the Credit Union as long as those persons maintain confidentiality agreements with you;
 - e) Where you have received written instruction(s)/ permission from myself, my heirs or my legal representatives; and
 - f) In accordance with any laws of St. Lucia.
- 2) I hereby acknowledge that whereas the above certification is binding on me and intended for the Credit Union to rely on, I give the Credit Union the authority, in addition to the certification to use independent verification of the information given.
- 3) That all information provided (including Any documents) regarding my application are true and correct to the best of my knowledge with the understanding that any misrepresentation could result in the denial of my application.

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Full Name

.....
Authorised Signature

.....
Date