



***ELKS CITY OF CASTRIES COOPERATIVE CREDIT UNION LTD.***  
***JOINT 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**

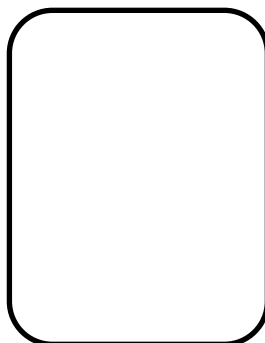
**Residential Status:  Resident  Non-Resident** **Address: .....**

**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: .....**

.....

**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	<input type="checkbox"/> <\$2,501	<input type="checkbox"/> \$2,501-\$5,000	<input type="checkbox"/> \$5,001-\$7,500
	<input type="checkbox"/> \$7,501-\$10,000	<input type="checkbox"/> >\$10,000	<input type="checkbox"/> 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 |

<sup>1</sup> a 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.

-----  
Full Name

-----  
Authorised Signature

-----  
Date



***ELKS CITY OF CASTRIES COOPERATIVE CREDIT UNION LTD.  
JOINT MEMBERSHIP UPDATE***

I ..... (A/C#: \_\_\_\_\_)

**Hereby update my membership at the**

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**Place of Birth: ..... Mobile No: .....**

**Nationality: ..... Home No: .....**

**Citizenship: ..... Passport No: .....**

**Email Address: ..... Driver's Licence No: .....**

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**Gender:  Male  Female Mailing Address: .....**

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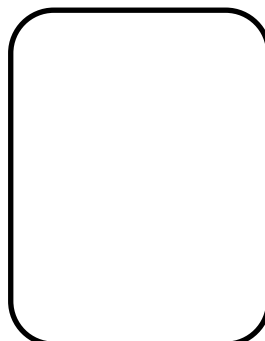
**Residential Status:  Resident  Non-Resident Address: .....**

**Date of Birth: ..... Work Place: .....**

**Occupation: ..... Work Address: .....**

**Signature: ..... Work No: .....**

**Date: .....**



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

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***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: .....**

.....

**SECRETARY**

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**ACCOUNT NUMBER:**

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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: \_\_\_\_\_

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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

<input type="checkbox"/> <\$2,501	<input type="checkbox"/> \$2,501-\$5,000	<input type="checkbox"/> \$5,001-\$7,500	
<input type="checkbox"/> \$7,501-\$10,000	<input type="checkbox"/> >\$10,000	<input type="checkbox"/> 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 |
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| 3. Do you have a US address?                                                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
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- 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.

-----  
Full Name

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Authorised Signature

-----  
Date





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**JOINT MEMBERSHIP UPDATE**

(A/C#: \_\_\_\_\_)

We..... and .....

**Hereby update our membership at the**

**ELKS CITY OF CASTRIES CO-OPERATIVE CREDIT UNION** and we agree to conform to the Bye-laws thereof, and to the Co-operative Societies' Act and rules and amendments thereof.

<b>Print Name</b>	<b>Signature</b>

<b>Print Name</b>	<b>Signature</b>

**We the undersigned agree to conduct the affairs of the account as follows:**

	<b>YES</b>	<b>NO</b>
<b>All loans being granted shall be signed by both parties</b>	-----	-----
<b>Loans shall be granted to either party independently</b>	-----	-----
<b>Cash shall be withdrawn by either party independently</b>	-----	-----
<b>Cash withdrawn shall be signed by both parties</b>	-----	-----
<b>All other transactions shall be conducted independently</b>	-----	-----

**THANKFUL FOR YOUR ASSISTANCE**

<b>Names</b>	<b>Signature</b>	<b>Date</b>
.....	.....	.....
.....	.....	.....

Approved By: \_\_\_\_\_