

Application

1	(A/C#:)			
hereby open a simple dollar account on behalf of				
at the ELKS CITY OF CASTRIES CO-OPERATIVE CREDIT UNI	ON; Tel: 452-6820, and I agree to conform to			
the Bye-laws thereof, and to the Co-operative Societies	s' Act and rules and amendments thereof.			
Minor's Information:	Parent/Guardians Information:			
Place of Birth:	Mobile No:			
Nationality:	Home No:			
Citizenship:	Email Address:			
Gender: Male Female	NIC No:			
Residential Status: Resident Non-Resident	ID No:			
Date of Birth:	Mailing Address:			
Occupation: MINOR	Address:			
Signature:	Work Place:			
Date:	Work Address:			
Proposed By:	Work No:			

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).

Beneficiary

Relationship	Name	Home Address	<u>Contact</u>	<u>Mailing</u>	Occupation	<u>Percentage</u>			
To Member			<u>No.</u>	<u>Address</u>		to transfer			
Sig	nature of Member:			Date: .		••			
Λ++	esting Witnesses								
A.C	_								
	Proposed:			Date: .		••••			
Red	corded in register of Member	's on:							
				••••••		••••			
					Secreta	ary			
	HOW DID YOU	GET TO KNOV	V ABOUT I	ELK'S CREDI	T UNION?				
	Family or Colleague		□W€	ebsite advertise	ments				
	Television advertisements		□ Ra	☐ Radio advertisements					
	Social media, please specif	v:	□ oth	☐ other, please specify:					

	ELK'	S CITY OF C	CASTRIES COOP	ERATIVE	CREDIT UNION	
ACCOUNT NUMBER:						
INFORMATION F	REQUIRED FOR A	LL BENEFICIA	AL OWNERS 10%	or MORE,	SIGNING OFFICERS,	OFFICERS and DIRECTORS
Beneficial	Signing	Director	Officer			
Salutation/Title:			Marital Status:	Single	Married Divor	ced Widowed Common Law
Last Name:						
First Name: Middle Name:						
Date of Birth:			Country of Birth:			
Nationality:			Country of Citizer	nship:		
NIC#:			Place of birth:			
			ID Type	:		
		ID #:	Issue Da	te:	Expiry Date:	
			ID Type #	! 2:		
		ID #2:	Issue Da	te:	Expiry Date:	
			YOUR ADD	RESS		
Physical Address:						
City:		State:			Zip Code:	
Country:		•		Number	of years at address:	
Mailing Address (If di	fferent from above):					
City:			State: Zip Code:			:
Country:						
			CONTACT DE	TAILS		
Home Phone:	Contac	t Time:		Work Phone:		Contact Time:
Mobile:	Contac	t Time:		E-mail A	ddress:	
			SECURITY INFOR	RMATION		
Name of Family Mem	ber (Except Mother):		Relation	ship:	Date of Birth:
Mother's Maiden Nar	me:					
		EM	PLOYMENT/FINAI	NCIAL DET	AILS	
Employment Status:	Employed S	Self Employed	Retired Stud	ent 🔲 Une	mployed	
Employment Type:	☐ Full-time ☐ F	Part-time 🔲 Co	ntract			
Job Title:			Occupation:			
Employer Name:						
Employer Address:						
City:	State:		Country:		Zip Code:	
					1 -	
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?						
Will your salary/pens	ion be credited i	nto your Cred	dit Union account?	YES	□NO	

US STATUS (PLEASE CHECK YES OR NO FOR EACH QUESTION)					
1. Are you a US resident/citizen?	☐ YES ☐ NO				
2. Do you hold a US Permanent Resident Card (green card)?	☐ YES ☐ NO				
3. Do you have a US address?	YES NO				
4. Do you hold a Power of Attorney or have signatory authority for anyone residing in the US?	☐ YES ☐ NO				
5. Do you spend more than 6 months in the US annually?	☐ YES ☐ NO				
¹ 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. cit	izen or U.S. resident				
alien; (b) A partnership, corporation, company or association created or organized in the United States or under t					
States; (c) An estate (other than a foreign estate); or (d) domestic trust.					
BENEFICIAL OWNER					
\square I AM the beneficial owner of the account being opened and undertake to notify the credit union immediate	ely, 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?					
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, count 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 I	Jnion 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.					
F. II No.	D - :				
Full Name Authorised Signature	Date				

REQUIREMENTS FOR OPENING A SIMPLE DOLLAR ACCOUNT AT ELKS CREDIT UNION

- 1. MUST BE LIVING IN CASTRIES AND ITS ENVIRONS
- 2. ONE PASSPORT SIZE PHOTO OF THE MINOR
- 3. BIRTH CERTIFICATE OF THE MINOR
- 4. TWO (2) FORMS OF VALID PICTURE ID FROM THE MEMBER e.g. ID CARD/ PASSPORT/ LICENCE
- 5. UTILITY BILL TO VERIFY THE ADDRESS OF THE MINOR e.g. LIGHT/
 WATER / PHONE. BILL MUST BE NO OLDER THAN THREE (3) MONTHS
- 6. THE MEMBER WHO IS OPENING THE ACCOUNT ON THE MINOR'S BEHALF HAS TO SIGN WHERE IT READS 'PROPOSED BY' AT THE FRONT OF THE FORM, WRITE HIS OR HER ACCOUNT NUMBER BELOW AND SIGN AT THE BACK OF THE FORM WHERE IT READS 'PROPOSED'.
- 7. IF YOU NOT THE LEGAL PARENT/GUARDIAN OF THE MINOR, YOU ARE REQUIRED TO BRING IN A LETTER OF AUTHORIZATION FROM THE PARENT AS WELL AS THEIR ID CARD.
- 8. ALL NON NATIONALS MUST PRESENT COPY OF CITIZENSHIP.