

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

1	(A/C#:)
Hereby update my member	rship at the
ELKS CITY OF CASTRIES CO-OPERATIVE CREDIT UNION, (Tel: 8 Bye-laws thereof, and to the Co-operative Societies' Act and r	
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 ☐ Wid	owed  Common Law
Residential Status: Resident Non-Resident	Address:
Date of Birth:	Work Place:
Occupation:	Work Address:
Signature:	Work No:
Date:	
	$\overline{}$

#### 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

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

SIGNATURE OF MEMBER:	DATE:
Recorded in register of Members on:	
	SECRETARY

	ELK'S CITY OF (	CASTRIES COOPER	RATIVE	CREDIT UNION	
ACCOUNT NUMBER:					
INFORMATION	REQUIRED FOR ALL BENEFICE	AL OWNERS 10% or	MORE, S	SIGNING OFFICERS,	OFFICERS and DIRECTORS
Beneficial	Signing Director	Officer			
Salutation/Title:		Marital Status:	Single	Married Divorc	ed Widowed Common Law
Last Name:					
First Name:		Middle Name:			
Date of Birth:		Country of Birth:			
Nationality:		Country of Citizensh	nip:		
NIC#:		Place of birth:			
		ID Type:			
	ID #:	Issue Date:	:	Expiry Date:	
				. ,	
		ID Type #2:			1
	ID #2:	Issue Date:		Expiry Date:	
		YOUR ADDRE	SS		
Physical Address:					
City:	State:			Zip Code:	
Country:			Number o	of years at address:	
Mailing Address (If o	lifferent from above):			,	
City:		State:		Zip Code:	
Country:					
		CONTACT DETA	AILS		
Home Phone:	Contact Time:	1	Work Pho	one:	Contact Time:
Mobile:	Contact Time:		E-mail Ac		
THE STITE OF THE S	Contact Times	SECURITY INFORM		<u></u>	
Name of Family Mer	mher (Evcent Mother):		Relations	shin:	Date of Birth:
Mother's Maiden Na		<u>l'</u>	110110	,,,,p.	Date of Birtin
Wother 5 Warden No		PLOYMENT/FINANC	CIAL DETA	AILS	
Employment Status:		Retired Student		mployed	
Employment Type:	Full-time Part-time Co	<b>_</b>	t 🔲 onei	пртоуеа	
Job Title:		Occupation:			
Employer Name:		Occupation.			
Employer Address:					
	State:	Country:		Zip Code:	
City:	State.	Country.		Zip code.	
	T	T #2 504 #5 600		□ ¢5 004 ¢7 500	
Monthly Income	<\$2,501 \$7,501-\$10,000	\$2,501-\$5,000		\$5,001-\$7,500	
How do you receive		>\$10,000	ct Deposit	N/A	ΛΑ
	your monthly income?			☐ Wire Transfer ☐ N/	A
į vviii your saiary/pen	ision be credited into your Cre	uit Onion 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
<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. citi	zen or U.S.	resident
alien; (b) A partnership, corporation, company or association created or organized in the United States or under the		
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 writ	ing, 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 <b>politically exposed person?</b> \( \subseteq \text{Yes}  \subseteq \text{No} \)		
DECLARATION		
1) I authorize the Credit Union to release any information pertaining to the operation of my account by mail,	fax, or de	livery;
either original or copies of documents, any confidential information that you may have in your possession wh	enever it k	pecomes
necessary to do so for the following purposes:		
<ul> <li>a) In order to verify the existence and condition of my account for credit bureaus and like agencies;</li> </ul>		
b) In order to comply with directions of a regulatory body or agency, orders from a regulatory body or age	ncy, count	orders by
any Court of competent jurisdiction within St. Lucia or under the provisions of any law in St. Lucia;		
<ul> <li>c) In order to comply with reasonable and legitimate requests from other financial institutions in circumst necessary for completing business transactions on my behalf;</li> </ul>	ances whe	ere it is
d) In response to requests of persons providing services to the Credit Union as long as those persons mai agreements with you;	ntain conf	identiality
e) Where you have received written instruction(s)/ permission from myself, my heirs or my legal representation	ntatives; a	nd
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 U	nion to re	ly on, I
give the Credit Union the authority, in addition to the certification to use independent verification of the infor	mation giv	/en.
3) That all information provided (including Any documents) regarding my application are true and correct to	the best o	f 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

1	(A/C#:)
Hereby update my membe	ership at the
ELKS CITY OF CASTRIES CO-OPERATIVE CREDIT UNION, (Tel: Bye-laws thereof, and to the Co-operative Societies' Act and	
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 ☐ Wid	dowed 🗌 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**

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

SIGNATURE OF MEMBER:	DATE:
Recorded in register of Members on:	
	SECRETARY

ACCOUNT NUMBER:    NORMATION REQUIRED FOR ALL BENEFICIAL OWNERS 10% or MORE, SIGNING OFFICERS, OFFICERS and DIRECTORS     Beneficial   Signing   Director   Officer     Solutiation/Title:   Marital Status:   Single   Married   Divorced   Widowed   Common Law		ELK'S CITY OI	CASTRIES COOF	PERATIVE	CREDIT UNION	
Beneficial   Signing   Director   Officer   Salutation/Title:   Marital Status:   Single   Married   Divorced   Widowed   Common Law   Last Name:   Middle Name:   Date of Birth:   Country of Birth:   Nationality:   Country of Citizenship:   NIC#:   Place of birth:	ACCOUNT NUMBER:					
Salutation/Title:   Marital Status:   Single   Married   Divorced   Widowed   Common Law   Last Name:   Middle Name:   Date of Birth:   Country of Birth:   Nationality:   Country of Birth:   Nationality:   Diff:   Place of birth:	INFORMATION R	EQUIRED FOR ALL BENEFI	CIAL OWNERS 10%	or MORE,	SIGNING OFFICERS,	OFFICERS and DIRECTORS
Last Name:	Beneficial S	Signing Director	Officer			
First Name:	Salutation/Title:		Marital Status:	Single	Married Divord	ced Widowed Common Law
Date of Birth:  Nationality:  Country of Citizenship:  NIC#:  Place of birth:  10 Type:  10 #: Issue Date: Expiry Date:  10 Type #2:  10 #2: Issue Date: Expiry Date:  Formula Address:  City:  Country:  State:  Country:  Number of years at address:  City:  State:  Country:  Contact Time:  Mobile:  Contact Time:  Mobile:  Contact Time:  Mobile:  Contact Time:  Mobile:  Contact Time:  SECURITY INFORMATION  Name of Family Member (Except Mother):  Mother's Maiden Name:  EMPLOYMENT/FINANCIAL DETAILS  Employment Status:  Employment Status:  SEMPLOYMENT/FINANCIAL DETAILS  Employment Status:  Employment Type:  Poll-time   Part-time   Contract  Do Title:  Do Coupation:  Employer Name:  Employer Pame:  Employer Name:  Employer State:  Country:  Zip Code:  Country:  Zip Code:	Last Name:		•			
Nationality:	First Name:		Middle Name:			
NIC#: Place of birth:    ID Type:	Date of Birth:		Country of Birth:			
ID Type:   ISsue Date:   Expiry Date:   ID Type #2:   ID	Nationality:		Country of Citize	nship:		
ID #:   Issue Date:   Expiry Date:	NIC#:		Place of birth:			
ID Type #2:   ID #2:   Issue Date:   Expiry Date:			ID Type	<u>;</u> :		
ID #2:   Issue Date:   Expiry Date:		ID #:	Issue Da	ite:	Expiry Date:	
ID #2:   Issue Date:   Expiry Date:						
Physical Address:  City:   State:   Zip Code: Country:   Number of years at address:  Mailing Address (if different from above):  City:   State:   Zip Code:  Country:   State:   Zip Code:  Country:   Contact Time:   Vork Phone:   Contact Time:   Mobile:   Contact Time:   E-mail Address:    SECURITY INFORMATION   Relationship:   Date of Birth:   Mother's Maiden Name:   EMPLOYMENT/FINANCIAL DETAILS    Employment Status:   Employed   Self Employed   Retired   Student   Unemployed   Employer Name:   Employer Name:   Country:   Zip Code:    Employer Name:   Employer Name:   Country:   Zip Code:    Monthly Income   State:   Country:   Zip Code:   Wire Transfer   N/A			ID Type i	<del>‡</del> 2:		
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: 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 Address:  City: State: Country: Zip Code:  Monthly Income		ID #2:			Expiry Date:	1
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: 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 Address:  City: State: Country: Zip Code:  Monthly Income						
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 Name: Employer Address: City: State: Country: Zip Code:  Monthly Income State: Country: Zip Code:  Monthly Income State: Count Country: Direct Deposit Myre Transfer N/A			YOUR ADD	RESS		
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 Name: Employer Address: City: State: Country: Zip Code:  Monthly Income State: Country: Zip Code:  Monthly Income State: Count Country: Direct Deposit Myre Transfer N/A	Physical Address:					
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 Status State: Country: Zip Code:  Monthly Income Status State: Country: Direct Deposit Myire Transfer N/A		State:			Zip Code:	
Mailing Address (If different from above):  City:   State:   Zip Code:  Country:    CONTACT DETAILS		<u> </u>		Number	of years at address:	
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 Status: Status S		fferent from above):		<u>I</u>	•	
Contry:  CONTACT DETAILS  Home Phone:		,	State:		Zip Code:	
Home Phone: Contact Time: Work Phone: Contact Time: Mobile: E-mail Address:    SECURITY INFORMATION			1		<u> </u>	
Mobile:   Contact Time:   E-mail Address:			CONTACT D	ETAILS		
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 Status: Status	Home Phone:	Contact Time:		Work Ph	one:	Contact Time:
Name of Family Member (Except Mother):  Mother's Maiden Name:    EMPLOYMENT/FINANCIAL DETAILS	Mobile:	Contact Time:		E-mail A	ddress:	•
Mother's Maiden Name:   EMPLOYMENT/FINANCIAL DETAILS			SECURITY INFO	RMATION		
Mother's Maiden Name:   EMPLOYMENT/FINANCIAL DETAILS	Name of Family Mem	ber (Except Mother):		Relation	ship:	Date of Birth:
Employment Status:				I	'	
Employment Type:		E	MPLOYMENT/FINA	NCIAL DET	AILS	
Employment Type:	Employment Status:	☐ Employed ☐ Self Employed	☐ Retired ☐ Stud	dent 🗆 Une	emploved	
Job Title: Occupation:  Employer Name:  Employer Address:  City: State: Country: Zip Code:  Monthly Income			_			
Employer Name:  Employer Address:  City: State: Country: Zip Code:  Monthly Income						
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			- Состранием			
City:         State:         Country:         Zip Code:           Monthly Income						
Monthly Income       □ <\$2,501		State:	Country:		Zip Code:	
Monthly Income \$\frac{1}{\subseteq} \\$7,501-\\$10,000 \$\subseteq \subseteq \subseteq \text{N/A}\$  How do you receive your monthly income? \$\subseteq \text{Cash} \subseteq \text{Cheque} \subseteq \subseteq \text{Direct Deposit} \subseteq \text{Wire Transfer} \subseteq \text{N/A}			1 7		I I	
Monthly Income \$\frac{1}{\subseteq} \\$7,501-\\$10,000 \$\subseteq \subseteq \subseteq \text{N/A}\$  How do you receive your monthly income? \$\subseteq \text{Cash} \subseteq \text{Cheque} \subseteq \subseteq \text{Direct Deposit} \subseteq \text{Wire Transfer} \subseteq \text{N/A}		□ <\$2.501	\$2,501-\$5,000		\$5,001-\$7,500	
How do you receive your monthly income?	Monthly Income				1_	
	How do vou receive v			irect Deposit	<u> </u>	/A
		•				

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
<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. citi	zen or U.S. resident
alien; (b) A partnership, corporation, company or association created or organized in the United States or under the	
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 <b>politically exposed person?</b> \( \subseteq \text{Yes}  \subseteq \text{No} \)	
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 wh	enever 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 agen	ncy, 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 circumst necessary for completing business transactions on my behalf;	ances where it is
d) In response to requests of persons providing services to the Credit Union as long as those persons mai	ntain confidentiality
agreements with you;	,
e) Where you have received written instruction(s)/ permission from myself, my heirs or my legal represer	ntatives; 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 U	nion to rely on, I
give the Credit Union the authority, in addition to the certification to use independent verification of the infor	mation 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

		(A/C#:
and	•••••	
eby update our membership	at the	
	_	•
		Signature
		Signature
onduct the affairs of the acco	ount as follows	S:
	YES	NO
e signed by both parties		
r party independently		
her party independently		
d by both parties		
conducted independently		
SISTANCE		
Signature	D	ate
•••••	•••••	•••••
	eby update our membership and we appearative Societies' Act and rules onduct the affairs of the accordance signed by both parties ar party independently her party independently her both parties conducted independently ISTANCE	e signed by both parties r party independently ther party independently I by both parties conducted independently