



# The Light & Power Employees Co-operative Credit Union Ltd

Business Complex, PO Box 106B, St Michael, BB14000, Barbados WI

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## Member KYC Information Update Form

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR HAVING AN ACCOUNT

To assist the Government in fighting the funding of terrorism and money laundering activities, national law requires all financial institutions to obtain, verify, and record all information that identifies each person with an account.

**What this means for you:** If you have an account with us, we may seek to verify your identity, address, date of birth, and other information, by asking you to submit your national ID, passport, driver's licence, or other relevant documents. Additionally, we will ask for information which establishes the source and anticipated level of funds which will be processed through your account.

DATE:		A/C NO:		A/C TYPE:	<input type="checkbox"/> Regular	<input type="checkbox"/> Minor
FIRST NAME	MIDDLE NAMES		LAST NAME			
PREVIOUS NAME (if changed)	ALIAS (if any)		GENDER			
			<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
DATE OF BIRTH (MM/DD/YYYY)	NATIONALITY		COUNTRY OF BIRTH			
COUNTRIES OF WHICH YOU ARE A CITIZEN						
At least two (2) of the following forms of Government-issued photo identification must be provided:						
NATIONAL REGISTRATION NO.	DRIVER'S LICENCE NO.		PASSPORT NO. AND COUNTRY OF ISSUE			
EXPIRY DATE:		EXPIRY DATE:		EXPIRY DATE:		
CONTACT NO. (Home)	CONTACT NO. (Work)		CONTACT NO. (Mobile)			
EMAIL ADDRESS (Primary)			EMAIL ADDRESS (Other)			
						<input type="checkbox"/>
PERMANENT RESIDING ADDRESS			MAILING ADDRESS (if different from residing address)			
PREVIOUS RESIDING ADDRESS (If less than 2 years at current address)						
STATE COUNTRY IF FOREIGN RESIDENT:						
MARITAL STATUS:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
EMPLOYMENT STATUS:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part-time	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed	
EMPLOYER NAME AND ADDRESS (If self-employed state details)						
PRIMARY BUSINESS ACTIVITY OF EMPLOYER					TIME EMPLOYED	
					Years	
OCCUPATION / POSITION					MONTHLY INCOME	
					\$	
PREVIOUS EMPLOYER NAME AND ADDRESS (If with current employer less than 2 years)						
PURPOSE OF THE ACCOUNT:						
ESTIMATED DEPOSIT (Average monthly amount expected to be deposited to account):					\$	
ESTIMATED WITHDRAWAL (Average monthly amount expected to be withdrawn from account):					\$	
WHO WAS THE ACCOUNT OPENED FOR?:						
RELATIONSHIP TO APPLICANT:						
ACCOUNT OWNER PERMANENT RESIDING ADDRESS			PASSPORT NO. AND COUNTRY OF ISSUE			
			EXPIRY DATE:			
SOURCES OF FUNDS (Nature and origin of monies to be deposited to the account)						
EXPECTED METHOD OF DEPOSIT						
<input type="checkbox"/> Cash	<input type="checkbox"/> Personal cheques	<input type="checkbox"/> 3rd. Party cheques	<input type="checkbox"/> Payroll deduction	<input type="checkbox"/> Standing order	<input type="checkbox"/> Bank transfer	
EXPECTED FREQUENCY OF DEPOSIT						
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually		

<b>I AM A MEMBER OF THE FOLLOWING CREDIT UNIONS:</b>	
1.	
2.	
<b>Statement Delivery by:</b>	<input type="checkbox"/> Email (Select above email) <input type="checkbox"/> Hold for pick-up
<b>Would you like to receive informational and promotional emails or text messages from us?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>The credit union must verify your address in accordance with Know-Your-Customer Guidelines. Please submit original documents from a relevant source, which must have been issued within 3 months of submission:</p> <p><input type="checkbox"/> Utility bill, tax bill from the Barbados Revenue Authority.</p> <p><input type="checkbox"/> A statement from another financial institution (e.g. bank, credit union, insurance provider).</p> <p><input type="checkbox"/> A hire purchase statement from a recognised establishment (e.g. Massy, Cave Shepherd, Courts).</p> <p><input type="checkbox"/> A letter from the landlord along with a recent rent receipt &amp; the utility bill for the residence.</p> <p><input type="checkbox"/> A notarised letter from parent(s) (if living with parents - parent's address confirmation will also be required).</p>	
<p>By signing below, I agree to the terms and conditions governing the account, to use the account for the purpose stated above and to conform to the Co-operative Societies Act, the Co-operative Societies Regulations and the By-Laws of the Credit Union, and any amendment thereof. I authorise the Credit Union to, at its discretion send my personal and financial information to third-party reporting agencies, and I agree to indemnify the Light &amp; Power Employees Co-operative Credit Union Ltd and save the Credit Union from any and all claims in damages or otherwise arising from any disclosure as herein authorised. I authorise the Credit Union to obtain any information it considers relevant from any sources it may deem necessary regarding this application.</p> <p>I declare the testaments made herein to be accurate to the best of my knowledge and that any changes to my personal information will be immediately forwarded to the Credit Union. I acknowledge that making this application does not guarantee approval for membership and that approval is at the sole discretion of the Board of Directors. I understand that the Board of Directors reserves the right to reject any application.</p>	
Signature: .....	Date: .....

<b>FOR OFFICIAL USE ONLY</b>			
(2) SOURCES OF PHOTO ID SUBMITTED (Original or notarised copy must be presented) (Please indicate types)	<input type="checkbox"/> YES <input type="checkbox"/> NO	1.	
		2.	
PROOF OF ADDRESS SUBMITTED (Original or notarised copy must be presented) (Please indicate sources – No P.O. Box)	<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Residing:	
		2. Mailing:	
(2) CURRENT PAYSLEIPS SUBMITTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	JOB LETTER SUBMITTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
PEP QUESTIONNAIRE COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO		
External AML Database Search Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO	Adverse Media Open Search Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> THE MEMBER IS CONSIDERED A PEP		<input type="checkbox"/> THE APPLICANT IS NOT CONSIDERED A PEP	
MEMBER RISK RATING:	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH		
Processed by (Name and Signature): .....			
Reviewed by (Name and Signature): .....			
Recommendation of Compliance Officer: .....			
.....			
Membership Should Be: <input type="checkbox"/> Continued <input type="checkbox"/> Terminated			
Name and Signature: .....			Date: .....
Decision on High Risk Member:			
Membership is <input type="checkbox"/> CONTINUED <input type="checkbox"/> TERMINATED by: .....			
			Date: .....
<i>Secretary Board of Directors</i>			