



The Light & Power Employees Co-operative Credit Union Ltd

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

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Membership Application Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your passport, driver's licence, or other identifying documents. Additionally, we will ask for information which establishes the source and anticipated level of funds which will be processed through your account.

APPLICATION DATE:		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			TAMIS No.			
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"/> 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 the account):				\$		
ESTIMATED WITHDRAWAL (Average monthly amount expected to be withdrawn from the account):				\$		
WHO IS THE ACCOUNT BEING OPENED FOR?:						
RELATIONSHIP TO APPLICANT:						
ACCOUNT OWNER PERMANENT RESIDING ADDRESS				PASSPORT / ID 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		

I AM ALREADY A MEMBER OF THE FOLLOWING CREDIT UNIONS:			
1.			
2.			
How did you hear about us?	<input type="checkbox"/> Current Member <input type="checkbox"/> Social Media <input type="checkbox"/> Advertisement <input type="checkbox"/> Other:		
Statement Delivery by:	<input type="checkbox"/> Email (Select above email) <input type="checkbox"/> Hold for pick-up		
Would you like to receive informational emails or text messages from us?			<input type="checkbox"/> YES <input type="checkbox"/> NO
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:			
<input type="checkbox"/> Utility bill, tax bill from the Barbados Revenue Authority. <input type="checkbox"/> A statement from another financial institution (e.g. bank, credit union, insurance provider). <input type="checkbox"/> A hire purchase statement from a recognised establishment (e.g. Massy, Cave Shepherd, Courts). <input type="checkbox"/> A letter from the landlord along with a recent rent receipt & the utility bill for the residence. <input type="checkbox"/> A notarised letter from parent(s) (if living with parents - parent's address confirmation will also be required).			
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 & 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.			
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.			
Signature:			Date:
Proposed by:		Seconded by:	
JOINT MEMBERSHIP REQUESTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME:	
NATIONAL REGISTRATION NO.:	DRIVER'S LICENCE NO.	PASSPORT NO. AND COUNTRY OF ISSUE	
Where joint membership is requested, each members must complete all account opening procedures.			

FOR OFFICIAL USE ONLY			
(2) SOURCES OF PHOTO ID SUBMITTED (Original or notarised copy must be presented) (Indicate types)	<input type="checkbox"/> YES <input type="checkbox"/> NO	1.	
		2.	
PROOF OF ADDRESS SUBMITTED (Original or notarised copy must be presented) (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
MEMBERSHIP FEE PAID IN	<input type="checkbox"/> YES <input type="checkbox"/> NO	MEMBERSHIP SHARES PAID IN	<input type="checkbox"/> YES <input type="checkbox"/> NO
JOINT MEMBERSHIP GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> JOINT TENANT	<input type="checkbox"/> TENANCY IN COMMON
PEP QUESTIONNAIRE COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> THE APPLICANT IS CONSIDERED A PEP		<input type="checkbox"/> THE APPLICANT IS NOT CONSIDERED A PEP	
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
RISK RATING:	<input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> LOW		
Processed by (Name and Signature):			
Reviewed by (Name and Signature):			
Recommendation of Compliance Officer:			
Application Should Be: <input type="checkbox"/> Approved <input type="checkbox"/> Declined			
Name and Signature:			Date:
Account #: Data Input - Name and Signature:			
Application <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED		by:	Date:
		Manager / Supervisor	Signature
INITIAL DEPOSIT AMOUNT (On application approval)	\$	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> SOURCE OF FUNDS FORM