

The Light & Power Employees Co-operative Credit Union Ltd

Business Complex, PO Box 106B, St Michael, BB14000, Barbados WI Tel: (246) 431-1400 • Fax: (246) 228-4643 • Email: memberservices@lpecu.bb • Web: www.lpecu.bb

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:			☐ Regular	☐ Minor			
FIRST NAME		MIDDLE NAMES			LAST NAME				
PREVIOUS NAME (if changed)		ALIAS (if any)			GENDER				
						☐ MALE	☐ FEMALE		
DATE OF BIRTH (MM /DD / YYYY)		NATIONALITY			COUNTRY OF	BIRTH			
COUNTRIES OF WHICH YOU ARE A	CITIZ	EN							
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		wing forms of Government-issued photo identifica ER'S LICENCE NO. PASSPORT				tion must be provided: NO. AND COUNTRY OF ISSUE			
NATIONAL REGISTRATION NO.	ER S LICEN	ER'S LICENCE NO. PASSPORT			NO. AND COUR	NIKI OF 155UE			
EXPIRY DATE:	EVDI	RY DATE:			EXPIRY DA	ATE.			
CONTACT NO. (Home)	EAFI	CONTAC	T NO (W	ork)	EXFIRT DE	CONTACT NO.	(Mobile)		
CONTROL IVO. (Home)		CONTRC	1110.(11	OIK)		CONTROL	(Woone)		
EMAIL ADDRESS				TAMIS No.					
EVITATE PEDENCIO			TAIVIIS NO.						
PERMANENT RESIDING ADDRESS			MAILING ADDRESS			if different from residing address)			
TERRITE TERRITE TO THE PRESENT OF TH				WHILITOI	IDDICESS (II	different from rec	erent from residing address)		
PREVIOUS RESIDING ADDRESS (If less than 2 years at current address)									
			`			,			
STATE COUNTRY IF FOREIGN RESI	DENT:								
MARITAL STATUS:	2	☐ Mar	ried	☐ Divor	ced	☐ Widowed			
EMPLOYMENT STATUS: Perma	anent	☐ Tempoi	rarv [Part-time	☐ Self-en	nploved 🗆 U	nemployed		
EMPLOYER NAME AND ADDRESS (I						1 /	1 /		
,		•	•						
PRIMARY BUSINESS ACTIVITY OF E	MPLO	YER					TIME EMPLOYED		
							Years		
OCCUPATION / POSITION							MONTHLY INCOME		
							\$		
PREVIOUS EMPLOYER NAME AND A	ADDRE	ESS (If with	current en	iployer less th	nan 2 years)				
PURPOSE OF THE ACCOUNT:									
ESTIMATED DEPOSIT (Average mont	hlv. ome	nunt ownoot	ad to bo do	nacitad to th	o account):		\$		
ESTIMATED DEFOSIT (AVERAGE MONE	thly amount	amount expected to be withdrawn from the			account):	\$			
WHO IS THE ACCOUNT BEING OPE			емрессеи	to be withan	wii iroin the	account).	ĮΨ		
RELATIONSHIP TO APPLICANT:	IVEDIV	OK.							
ACCOUNT OWNER PERMANENT R	FSIDI	NG ADDRES	SS	F	PASSPORT /	ID NO AND COL	INTRY OF ISSUE		
ACCOUNT OWNER TERMANENT RESIDING ADDRESS				PASSPORT / ID NO. AND COUNTRY OF ISSUE					
				F	EXPIRY DAT	F:			
SOURCES OF FUNDS (Nature and original source)	gin of m	nonies to be	deposited						
SOURCES OF FUNDS (Nature and origin of monies to be deposited to the account)									
EXPECTED METHOD OF DEPOSIT									
☐ Cash ☐ Personal cheques		. Party chequ	ies -	Payroll dedu	ıction	Standing order	☐ Bank transfer		
EXPECTED FREQUENCY OF DEPOSI		. rare, errequ		. I uj I oli dedd		. Standing Order	_ Daint cranoter		
☐ Weekly ☐ Fortnightly		Ionthly	☐ Qua	rterly	☐ Annually				

I AM ALREADY A MEMBER OF	F THE FOL	LOWING CREDIT I	JNIONS:								
1.											
2.											
How did you hear about us?	☐ Curren	nt Member 🗌 Socia	Media 🗆	Advertisement 🗆 Ot	ther:						
Statement Delivery by:	☐ Email ((Select above email)	□ Но	ld for pick-up							
Would you like to receive inform					□ YES □ N	IO					
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:											
☐ Utility bill, tax bill from the Barbados Revenue Authority.											
☐ A statement from another financial institution (e.g. bank, credit union, insurance provider).											
A statement from a notice inflancial institution (e.g. bank, credit union, insurance provider). A hire purchase statement from a recognised establishment (e.g. Massy, Cave Shepherd, Courts).											
☐ A life purchase statement from a recognised establishment (e.g. Massy, Cave Shepherd, Courts). ☐ A letter from the landlord along with a recent rent receipt & the utility bill for the residence.											
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:											
Proposed by:				econded by:							
JOINT MEMBERSHIP REQUEST		YES NO NAM		n (con on mayo ()		207.77					
NATIONAL REGISTRATION N	NO.: DI	RIVER'S LICENCE N	O	PASSPORT NO. AN	ND COUNTRY OF IS	SSUE					
Where joint membership is reques	sted each m	nembers must complet	all account or	pening procedures							
Where joint membership is reques	sted, each m	<u>*</u>	-								
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