



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

Business Complex, Bush Hill, The Garrison, St. Michael, BB14000
Tel: (246) 431-1400 Email: info@lpecu.bb Website: www.lpecu.bb.

Member No:	
A/C Type:	<input type="checkbox"/> Regular <input type="checkbox"/> Minor
Application Date:	/ /

Joint 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 license, 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.

1a. Personal information (Applicant 1)

Salutation: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev. <input type="checkbox"/> Other : _____	
Surname:		First Name:	Middle Name(s):
Previous Name (if changed):		Alias (if any):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Windowed		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: Day: _____ Month: _____ Year: _____ Nationality:
Place of Birth:		Country of Residence:	Dual Nationality (if any):
No. of Dependent(s): ___ 0-10yr ___ 11-18yr		Education Level: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Post-Grad	

1a. Personal information (Applicant 2)

Salutation: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev. <input type="checkbox"/> Other : _____	
Surname:		First Name:	Middle Name(s):
Previous Name (if changed):		Alias (if any):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Windowed		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: Day: _____ Month: _____ Year: _____ Nationality:
Place of Birth:		Country of Residence:	Dual Nationality (if any):
No. of Dependent(s): ___ 0-10yr ___ 11-18yr		Education Level: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Post-Grad	

2. Identification (At least two (2) valid forms of Government issued identification must be provided. NB. Date format: DD/MM/YYYY)

National Registration No.:			TAMIS ID:		
ID Card No.:		Issue Date:	/ /	Expiry Date:	/ /
Passport No.:		Issue Date:	/ /	Expiry Date:	/ /
Driver's License:		Issue Date:	/ /	Expiry Date:	/ /

2. Identification (Applicant 2)

National Registration No.:			TAMIS ID:		
ID Card No.:		Issue Date:	/ /	Expiry Date:	/ /
Passport No.:		Issue Date:	/ /	Expiry Date:	/ /
Driver's License:		Issue Date:	/ /	Expiry Date:	/ /

3. Address (Applicant 1)**Permanent Residing Address**

Lot / Apt No.:	Parish/City:
Address:	Postal Code/Zip:
Address:	Country:

Mailing Address (If different from residing address)

Lot / Apt No.:	Parish/City:
Address:	Postal Code/Zip:
Address:	Country:

Previous Residing Address (If less than 2 years):**3. Address (Applicant 2)****Permanent Residing Address**

Lot / Apt No.:	Parish/City:
Address:	Postal Code/Zip:
Address:	Country:

Mailing Address (If different from residing address)

Lot / Apt No.:	Parish/City:
Address:	Postal Code/Zip:
Address:	Country:

Previous Residing Address (If less than 2 years):**4. Contact Information (Applicant 1)**

Tel Nos:	Home:	Mobile:
Tel Nos:	WhatsApp:	Work:
Email (Home):	Email (Work):	

4. Contact Information (Applicant 2)

Tel Nos:	Home:	Mobile:
Tel Nos:	WhatsApp:	Work:
Email (Home):	Email (Work):	

5. Employment (Applicant 1) (if self-employed state business details below)

Employment Status: Permanent Part-time Self-Employed Contract (seasonal)
 Student Unemployed Retired

Name of Employer/Business: _____

Job Sector: _____

Employer/Business Address: _____

Occupation: _____

Period Employed: _____ Years

Work Tel. No.: _____

Salary Mode: Weekly Bi-Weekly Monthly Job/Contract

Gross Monthly Income: \$ _____

Previous Employer Name and Address (If with current employer less than 2 years):

 _____**5. Employment (Applicant 2)** (if self-employed state business details below)

Employment Status: Permanent Part-time Self-Employed Contract (seasonal)
 Student Unemployed Retired

Name of Employer/Business: _____

Job Sector: _____

Employer/Business Address: _____

Occupation: _____

Period Employed:
 _____ Years

Work Tel. No.: _____

Salary Mode: Weekly Bi-Weekly Monthly Job/Contract

Gross Monthly Income: \$ _____

Previous Employer Name and Address (If with current employer less than 2 years):

 _____**6. Account Details**

Purpose of account: Short-term Savings Long-term Savings Fixed/Term Deposits Loan Products
 Other: _____

Estimated Deposits (average monthly amount expected to be deposited into the account)

\$ _____ Monthly

Estimated Withdrawals (average monthly amount expected to be withdrawn from the account)

\$ _____ Monthly

Source of Funds (nature/origin of funds being deposited into account):

Expected Method of Deposits:

 Cash Personal cheques 3rd Party Cheques Payroll deductions Bank transfer Standing order
Expected Frequency of Deposits: Weekly Fortnightly (2wks) Monthly Quarterly AnnuallyAnticipated number of monthly transactions: 0 - 5 6 - 10 11 - 20 20+

Statement delivery Email: _____

7. Required Documents

The credit union must verify your address in accordance with Know-Your-Customer Guidelines (KYC). 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 hire 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).

Are you a member of another Credit Union?Appl. 1: NO | YES: Name of Credit Union(s): _____Appl. 2: NO | YES: Name of Credit Union(s): _____

8. Declaration

By signing below, we 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. We authorise the Credit Union to, at its discretion send our personal and financial information to third-party reporting agencies, and we 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. We authorise the Credit Union to obtain any information it considers relevant from any sources it may deem necessary regarding this application.

We declare the testaments made herein to be accurate to the best of our knowledge and that any changes to our personal information will be immediately forwarded to the Credit Union. We acknowledge that making this application does not guarantee approval for membership and that approval is at the sole discretion of the Board of Directors. We understand that the Board of Directors reserves the right to reject any application.

Applicant 1 - Member Signature: **Date:**

Applicant 2 - Member Signature: **Date:**

9. Referral Programme (Please submit Referrer's details below)

Full Name: Member Number :

10. Additional Information

How did you hear about us? Current Member Social Media Website Radio TV Newspaper

To receive exclusive member emails on updates, promotions, and events you may opt-in here: YES NO

What Service Products are you interested in? Short-term Loan Regular Loan Line of Credit Vehicle Loan

Seasonal Loan Green Loan Debt Consolidation Fixed Deposits Terms Saving Plan Financial Education

FOR OFFICIAL USE ONLY

(2) Sources of photo ID submitted Original/ notarised ONLY, Indicated ID types	1. 2.
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Proof of address submitted (No P.O. Box)	1. Residing: 2. Mailing:
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(2) Current paystips submitted: <input type="checkbox"/> YES <input type="checkbox"/> NO	PEP Questionnaire completed: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Application fee paid in: <input type="checkbox"/> YES <input type="checkbox"/> NO	Is Applicant a PEP: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Job letter submitted: <input type="checkbox"/> YES <input type="checkbox"/> NO	External AML/AMO Search Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Membership shares paid in: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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RISK RATING: HIGH MODERATE LOW

Processed by Name:	Signature:
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Reviewed by Name:	Signature:
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Recommendation of Compliance Officer:
.....

Application should be: Approved Declined Note:.....

Reviewed by Name: Signature: Date:

Account #:	Data Input Name:	Signature:
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Application <input type="checkbox"/> Approved <input type="checkbox"/> Declined	by: <i>Manager/Supervisor</i> <i>Signature</i>	Date:
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Initial Deposit Amount (On application approval)	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Source of funds form
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The Light and Power Employees' Co-operative Credit Union Limited

Politically Exposed Person (PEP)

Self-Certification Form

In accordance with Barbados Anti-Money Laundering (AML) legislation, there is an obligation on Financial Institutions to undertake Enhanced Customer Due Diligence (ECDD) on those clients who are classified as a Politically Exposed Person (PEP).

Please read the definitions below carefully, select the relevant box, confirming you are/are not a PEP, and sign the declaration at the bottom of the form. It is your obligation to inform us of a change to your status as a PEP should it change at any time in the future.

Barbados Anti-Money Laundering guidelines define a PEP as:

Foreign PEPs are individuals who are or have been entrusted with prominent public functions by a foreign country, for example:

- Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.

Domestic PEPs are:

- Individuals who are or have been entrusted domestically with prominent public functions, for example, Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.

Persons who are or have been entrusted with a prominent function by an international organisation refers to:

- Members of senior management, i.e. directors, deputy directors and members of the board or equivalent functions. The definition of PEPs is not intended to cover middle ranking or more junior individuals in the foregoing categories.

The guidelines extend PEP status to an immediate family member, or a close associate, of a PEP.

A “**close associate**” may be any of the following persons:-

- Any individual who has joint beneficial ownership of a legal entity, or a legal arrangement, or close business relationship, with a PEP;
- Any individual who has sole beneficial ownership of a legal entity, or legal arrangement set up for the actual benefit of a PEP.

An **“immediate family member”** of a PEP includes any of the following persons:-

- Any spouse of the PEP;
- Any person who is considered to be the equivalent to a spouse of the PEP;
- Any cohabitant of the PEP;
- Any child of the PEP;
- Any person who is considered to be the equivalent to a child of the PEP;
- Any cohabitant of a child of the PEP;
- Any immediate relative (i.e. sibling, uncle, aunt, niece, nephew, grandparent) of a PEP;
- Any in-law of a PEP;
- Any parent of the PEP.

Having read and understood the above definitions I confirm that: (select only one of the following options)

I AM NOT a Politically Exposed Person (PEP) as defined above.

I AM a Politically Exposed Person (PEP) as defined above.

If you have identified as a PEP, please provide details below:

I am a PEP by virtue of my position as:

.....

I am a PEP by virtue of my close association to:

.....

I am a PEP by family connection as the of

The person named above resides at:

.....

.....

Name: _____ Signature: _____

PLEASE PRINT

Date: _____



The Light & Power Employees Co-op Credit Union Ltd

Business Complex, P.O. Box 106B, St Michael BB 14000 Bridgetown, Barbados W.I.

ELECTRONIC COMMUNICATION CONSENT AGREEMENT (E-Sign Agreement)

Please review this document carefully and print a copy for your reference. You can also access an Electronic copy at any time by accessing www.lpecu.bb and selecting Forms.

This Electronic Consent Agreement (herein after referred to as the “Agreement”) applies to all communications for products, services, and accounts offered or accessible through our electronic delivery channels. The words “us”, “we”, and “our” refer to The Light & Power Employees Co-operative Credit Union Limited. The words “you” and “your” refer to you, as the member of The Light & Power Employees Co-operative Credit Union (LPECCUL).

Transmittal of Electronic Statements

The Light & Power Employees Co-operative Credit Union may send any and all of its communications to you electronically (collectively referred to as “Electronic Communications”) or in such other manner as we may determine. Electronic Communications may include information agreements and disclosures related to any of the Credit Union’s services or other deposit and loan products, services or features, and our decisions related to your application. Electronic Communications may also include important information that you would otherwise receive from us through the mail (such as, but not restricted to, notices regarding privacy, changes in terms, periodic statements, annual tax statements, annual reports and financial statements and other periodic notices as required under applicable law). Nothing within this Agreement precludes The Light & Power Employees Co-operative Credit Union from sending statements, notices, disclosures, or other account related documents to you in paper form or replying in electronic form.

The Light & Power Employees Co-operative Credit Union does not electronically deliver certain materials at this time but may make this service available in the future.

You understand and agree that that access to internet e-mail and the World Wide Web is required for you to access a document or report electronically and you confirm that you have such access.

Authorised Instructions

You authorize The Light & Power Employees Co-operative Credit Union to accept any method of instruction:

- a) To provide account and transaction information
- b) To transfer funds between accounts
- c) Relating to transactions in connection with any credit arrangement
- d) Transfer funds from accounts in your name to any other individual

Security Procedures

You acknowledge that the Credit Union will not be liable for any loss arising out of your use of The Light & Power Employees Co-operative electronic delivery channels if the credit union observes the security methods presently set out in our existing internal controls and procedures, or as amended from time to time. You acknowledge that the internet is not a secure medium of communication and LPECCUL cannot guarantee the privacy of customer information inputted on our website.

Method of Providing Communications in Electronic Form

Electronic Communications that we provide to you will be provided either (1) via e-mail, (2) on our website, or (3) we will send you an e-mail that informs you when relevant information is available for your viewing on our website. That communication will include instructions on how to access the information. You will receive an e-mail notification that your statement is ready to view if you supplied the correct e-mail address. If you change your e-

mail address, you must notify The Light & Power Employees Co-operative Credit Union Limited of the change to continue receiving statement notifications. You will receive an e-mail message from us letting you know that your statement is available.

Updating Contact Information

You are responsible for ensuring that we have your current e-mail address for purposes of receiving electronic communications. If you fail to notify us of any change in your e-mail address, you agree that we may provide electronic communications to you at the e-mail address maintained in our records and provided by you. Any Electronic Communications we send to you will be deemed to have been provided on the date we deliver the e-mail to you. You may also contact us by phone at 246-431-1400 or by fax at 246-228-4643 to make any necessary changes.

Requesting Paper Copies

You may request a paper copy of any Electronic Communication you receive. If you wish to obtain a paper copy of any of the Electronic Communications, you may make a request by dialing 246-431-1400 or by fax at 246-228-4643 during our normal business hours and we will send a paper copy at no charge to you.

How to Withdraw Consent

You may withdraw your consent to receive Electronic Communications by contacting the Credit Union at 246-431-1400. Any withdrawal of your consent to receive Electronic Communications will be effective only after we have had a reasonable period of time to process your withdrawal. At our option, we may treat your provision of an invalid e-mail address, or the subsequent malfunction of a previously valid e-mail address, as a withdrawal of your consent to receive Electronic Communications.

Communications in Writing

All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this Agreement and any other communication that is important to you. You acknowledge that the Credit Union may request that you provide confirmation of electronic instructions on the date they are given in writing.

Termination / Changes

We reserve the right, in our sole discretion, to discontinue the provision of your Electronic Communications, or to terminate or to change the terms and conditions on which we provide Electronic Communications. We will provide you with notice of any such termination or change, as required by law.

Consent and Acknowledgement

You (including any joint account-holders and co-applicants) acknowledge receipt of this Electronic Communications Consent Agreement and consent to receive all communications regarding products and services electronically.

Account #

Name (Print)

E-Mail Address

Signature

Date



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Name: _____ Signature: _____

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You (including any joint account-holders and co-applicants) acknowledge receipt of this Electronic Communications Consent Agreement and consent to receive all communications regarding products and services electronically.

Account #

Name (Print)

E-Mail Address

Signature

Date