



## 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](http://www.lpecu.bb).

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

### 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.

#### 1. Personal information

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.:					
ID Card No.:		Issue Date:	/ /	Expiry Date:	/ /
Passport No.:		Issue Date:	/ /	Expiry Date:	/ /
Driver's License:		Issue Date:	/ /	Expiry Date:	/ /
Other:		Issue Date:	/ /	Expiry Date:	/ /

#### 3. Address

##### 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):

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**4. Contact Information**

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

**4B. Junior Savers Account Representative :** (complete the details below for minors/junior accounts 0-17 years old)

Surname Name:	First Name:	Middle Names:
Relationship to Applicant:	Passport/ID No.:	
Account Owner Permanent Residing Address:	Country of Issue:	
	Expiry date:	

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

Employment Status:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Part-time	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Contract (seasonal)
	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	
Name of Employer/Business:	Job Sector:			
Employer/Business Address:				
Occupation:	Period Employed: ____ Years			
Salary Mode: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Job/Contract	Gross Monthly Income: \$			
Previous Employer Name and Address (if with current employer less than 2 years):				

**6. Account Details**

Purpose of account: <input type="checkbox"/> Short-term Savings <input type="checkbox"/> Long-term Savings <input type="checkbox"/> Fixed/Term Deposits <input type="checkbox"/> Loan Products <input type="checkbox"/> 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: <input type="checkbox"/> Cash <input type="checkbox"/> Personal cheques <input type="checkbox"/> 3rd Party Cheques <input type="checkbox"/> Payroll deductions <input type="checkbox"/> Bank transfer <input type="checkbox"/> Standing order	
Expected Frequency of Deposits: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly (2wks) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Anticipated number of monthly transactions: <input type="checkbox"/> 0 - 5 <input type="checkbox"/> 6 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 20+	
Statement delivery preference: <input type="checkbox"/> Hold for office pickup <input type="checkbox"/> 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).

**8. Declaration**

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.

Member Signature: ..... Date: .....

**Are you a member of another Credit Union?**  
 NO |  YES: Name of Credit Union(s): .....

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

Full Name: ..... Member Number: .....

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

**RISK RATING:**  HIGH  MODERATE  LOW

Processed by Name: ..... Signature: .....

Reviewed by Name: ..... Signature: .....

Recommendation of Compliance Officer: .....

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

Reviewed by Name: ..... Signature: ..... Date: .....

Account #: ..... Data Input Name: ..... Signature: .....

**Application**  
 Approved  
 Declined

by: ..... Date: .....

*Manager/Supervisor Signature*

Initial Deposit Amount (On application approval) \$  Cash  Cheque  Source of funds form