



Laborie Co-operative Credit Union Ltd  
Joint Membership Application Form

Account #

Date & Time:

Branch:

**Applicant Number 1**

**Section A: Basic Information**

Full Name: \_\_\_\_\_  
*First Middle Last Alias Maiden Name*  
 Date of Birth \_\_\_\_\_ (dd/mm/year) Gender:  Male  Female  
 Marital Status:  Married  Single  Common Law Union  Divorced  Widow/Widower  
 Social Security # \_\_\_\_\_ ID Card # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Passport # \_\_\_\_\_ Other: \_\_\_\_\_  
 Country of Issue: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Citizen of more than one Country (*list all*): \_\_\_\_\_  
 Are you required to file a tax return in any other country?  Yes  No Country: \_\_\_\_\_ TIN \_\_\_\_\_  
Taxation identification # / Social Security # (SSN)  
 Relationship to Joint Owner: \_\_\_\_\_ Personal Account #: \_\_\_\_\_

**Section B: Residential Information**

Residential Address: \_\_\_\_\_ How long have you been living at this address: \_\_\_\_\_  
 Status of Residential address:  Owner  Parent's  Lease/Rent  Friends/Relatives  
 Previous Address: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Contact Numbers: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Section C: Employment Information**

Employment Status:  Employed: \_\_\_\_\_  Retired  Self-employed  Student  Unemployed  
(P/T/F/T)  
 Name of Employer: \_\_\_\_\_ (*if student indicate name of school/college/university*)  
 Employer Address: \_\_\_\_\_ Industry/Sector: \_\_\_\_\_  
 Position/ Occupation: \_\_\_\_\_ Years with Employer: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_  
 Annual Income:  Under \$25,000  \$25,000 - \$50,000  \$50,000 - \$100,000  above \$100,000

**Section E: Political Exposure**

Do you or any member of your immediate family, member of your household, or any close associate hold (or have held) any of the following offices or position:

- Ambassador or attaché/counsellor of an ambassador
- Minister/ Deputy Minister
- Head of State or Government
- Military rank of General or higher
- Judge of a Supreme Court, appellate court or equivalent
- Mayor or head of government agency
- President of a state owned company/bank
- Other public function: \_\_\_\_\_

## Applicant Number 2

### Section A: Basic Information

Full Name: \_\_\_\_\_  
*First Middle Last Alias Maiden Name*

Date of Birth \_\_\_\_\_ (dd/mm/year) Gender:  Male  Female

Marital Status:  Married  Single  Common Law Union  Divorced  Widow/Widower

Social Security # \_\_\_\_\_ ID Card # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Passport # \_\_\_\_\_ Other: \_\_\_\_\_

Country of Issue: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Citizen of more than one Country (*list all*): \_\_\_\_\_

Are you required to file a tax return in any other country?  Yes  No Country: \_\_\_\_\_ TIN \_\_\_\_\_  
Taxation identification # / Social Security # (SSN)

Relationship to Joint Owner: \_\_\_\_\_ Personal Account #: \_\_\_\_\_

### Section B: Residential Information

Residential Address: \_\_\_\_\_ How long have you been living at this address: \_\_\_\_\_

Status of Residential address:  Owner  Parent's  Lease/Rent  Friends/Relatives

Previous Address: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_  
*Home Work Cell*

Email address: \_\_\_\_\_

### Section C: Employment Information

Employment Status:  Employed: \_\_\_\_\_  Retired  Self-employed  Student  Unemployed  
(P/T / F/T)

Name of Employer: \_\_\_\_\_ (*if student indicate name of school/college/university*)

Employer Address: \_\_\_\_\_ Industry/Sector: \_\_\_\_\_

Position/ Occupation: \_\_\_\_\_ Years with Employer: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Annual Income:  Under \$25,000  \$25,000 – \$50,000  \$50,000 - \$100,000  above \$100,000

### Section E: Political Exposure

Do you or any member of your immediate family, member of your household, or any close associate hold (or have held) any of the following offices or position:

- |  |  |
|--|--|
| <input type="checkbox"/> Ambassador or attaché/counsellor of an ambassador | <input type="checkbox"/> Judge of a Supreme Court, appellate court or equivalent |
| <input type="checkbox"/> Minister/ Deputy Minister                         | <input type="checkbox"/> Mayor or head of government agency                      |
| <input type="checkbox"/> Head of State or Government                       | <input type="checkbox"/> President of a state owned company/bank                 |
| <input type="checkbox"/> Military rank of General or higher                | <input type="checkbox"/> Other public function: _____                            |

**Joint Information**

**Section D: Financial Information**

**Purpose of opening account:**

Business transactions       Employment Income       Bill Payments       Savings  
 Social/ Charity Work      Remittances: \_\_\_\_\_      Other: \_\_\_\_\_

**Source of Deposit Activity:**

Salary/ Employment Income       Sales & Business Income       Rental Income       Donations  
 Investments       Sale of Assets       Personal Savings       Other

**Method of Payments:**

Cash       Cheque       Salary Remittance       Bank Deposit       Wire Transfer

How many deposits do you expect to make per month: \_\_\_\_\_

Average value of deposits for the month:

\$1 - \$500       \$500-\$1,000       \$1,000-\$5,000       \$5,000-\$25,000 (Details): \_\_\_\_\_  
 above \$25,000 (Details): \_\_\_\_\_

**Section F: Beneficiary Information**

In the event that we were to die together we nominate the following person (s) as our beneficiary (ies):

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
SS#: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
ID card#: \_\_\_\_\_ Passport: \_\_\_\_\_  
Marital Status:  M  S  L  C  W  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Percentage share: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_ Tel: \_\_\_\_\_  
(Upon minor reaching age 16 the above guardian will be considered null and void)

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
SS#: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
ID card#: \_\_\_\_\_ Passport: \_\_\_\_\_  
Marital Status:  M  S  L  C  W  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Percentage share: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_ Tel: \_\_\_\_\_  
(Upon minor reaching age 16 the above guardian will be considered null and void)

**Section G: Membership**

Please list two references and their phone numbers:

Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_

Telephone: \_\_\_\_\_

*We hereby apply to purchase twenty permanent shares in the Laborie Co-operative Credit Union Ltd. We agree to conform to the by-laws of the Credit Union and the Co-operative Societies Act. Please open an account in your Credit Union in the joint names of the undersigned. All monies deposited in this account from time to time, and the interest / dividends thereon are to be paid upon the signature of:*

Either of the undersigned

Both of the undersigned

In the case of the death of either, all monies should be paid upon the signatures of the survivor.

**Declaration**

*We hereby confirm that the details provided in this form and in any other document provided to the credit union are correct, true and complete, and agree to inform the credit union immediately of any change in the information provided.*

*We hereby declare that any money remitted into this account does not directly or indirectly originate from any illicit financial activity, and that we have not been, nor shall we be, involved, directly or indirectly, either individually or jointly with any other person(s), in any money laundering or terrorism financing activities.*

*In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that the credit union reserves the right to withdraw us from its membership.*

\_\_\_\_\_  
Signature of Applicant1

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Date

Name of  
First Witness:

Name of  
Second Witness:

\_\_\_\_\_  
Signature of First Witness

\_\_\_\_\_  
Signature of Second Witness

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Date