



Laborie Co-operative Credit Union Ltd.
Membership Application Form

Date: _____

Branch: _____

Other Access: ATM Card
 Online App

Section A: Basic Information

Full Name: _____

First Middle Last Maiden Name Alias

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 Number / Social Security Number (SSN)

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: _____

Section D: Financial Information

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

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 E: Political Exposure

Are you a Politically Exposed Person? Yes No

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
 Judge of a Supreme Court, appellate court or equivalent Mayor or head of government agency
 President of a state owned company/bank Head of State or Government
 Other public function: _____ Military rank of General or higher

Section F: Beneficiary Information

I nominate the following person (s) as my beneficiary:

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)

3. 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)

4. 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: _____

Are you a member another credit union? Yes No

If yes, Name of credit union: _____ Account #: _____

Have you had an account with the Laborie Co-operative Credit Union before?

If yes, Account #: _____ Reason for closing the account: _____

I qualify for membership by virtue of:

I am a citizen of Saint Lucia

I am a legal resident in Saint Lucia

I hereby apply to purchase twenty permanent shares in the Laborie Co-operative Credit Union Ltd. I agree to conform to the by-laws of the Credit Union and the Co-operative Societies Act.

Declaration

I 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.

I hereby declare that any money remitted into this account does not directly or indirectly originate from any illicit financial activity, and that I have not been, nor shall I 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, I am aware that the credit union reserves the right to withdraw me from its membership.

Signature of Applicant: _____

Date: _____

For Internal Use Only. Leave below this line blank.

Name of First Witness: _____

Name of Second Witness: _____

Signature of First Witness _____

Signature of Second Witness _____

Account Number: _____

Entered By: _____

Approval _____

Date _____