



**Laborie Co-operative Credit Union Ltd.  
Organisation Application Form**

**Account #:**

**Date & Time:**

**Branch:**

Application forms must be accompanied by identification details and permanent address and all signatories and documents showing proof of existence of the entity. Such documents will include Certified Articles of Incorporation, Government issued business license, or partnership agreement.

I / We hereby apply to open an account with the Laborie Co-operative Credit Union Ltd. I / We agree to conform to the by-laws thereof and the Co-operative Societies Act and rules and any amendments thereof.

**Section A: Basic Information**

Name of Organisation: \_\_\_\_\_

Date Formed: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_  
1 2 Fax

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

**Section B: 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 C: Signatories/ Trustees for Withdrawals**

**1. 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: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

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

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

**2. 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: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

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

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

**Section D: Beneficial Ownership**

*Beneficial owner refers to the person/entity that ultimately controls or benefits from the affairs of an asset/property, even though the legal title may lie in the name of another.*

Please tick whichever applicable:

I/We declare that the beneficial owners, i.e. individual(s) who ultimately own(s) or effectively control(s) the organization/company are as follows:

Name	ID Information	Date of Birth	Nationality	% Shares

I/We declare the organization/company is ultimately owned by the following entity:

Name	Registration Number	Date of Incorporation	Country of Incorporation	% Shares

**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