

NATIONAL CO-OPERATIVE CREDIT UNION LTD.
APPLICATION FOR MEMBERSHIP

A/C:

Full Name :		Alias(if any):	
Res Address			
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Country</i>	
v			
Mailing Address			
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Country</i>	
v			
Source Document Presented:		v	Document #
Home Phone #:	Work Phone # :	Ext :	Mobile Phone # :
Email Address:		Date of Birth:	
Birthplace:		Country of Birth:	
v			
Employer:		Occupation:	
Husband's first name or Wife's name:		Approved by: (on behalf of the Board of Directors)	
Mother's Name (If a minor):		Current Date:	
Date A/C Opened:			
Dominican Citizen ☒ or Resident ☐ If resident indicate nationality: v			
Type of residency document: v Expiry Date:			
or CARICOM National ☐ CARICOM Country: v			
Are You a US citizen or resident for tax purposes?			
US Citizen ☐ US Tax Resident ☐ Not US Person ☒			
US Tax ID (TIN):			
Have you ever been declared by the Court to be an undischarged bankrupt?			
Yes ☐ No ☐			
Have you ever been declared by the Court to be of unsound mind?			
Yes ☐ No ☒			
Are you a member of another Credit Union?			
Yes ☐ No ☒ If Yes, Name of Credit Union: v			
Date of Letter of Written Consent:			

DECLARATION

I hereby declare that the information provided above is true and correct and agree to conform to the By-Laws of this Credit Union and any ammendments thereof.
When signing this Application I certify that I am not/we are not citizens of the USA or residents for tax puposes.

Signature of Applicant (DO NOT PRINT)

DESIGNATION OF BENEFICIARY

Date:

_____ Being a member of the
NATIONAL CO-OPERATIVE CREDIT UNION LTD. Do hereby designate

relationship if any:

First Middle Last
of _____
Street City 

State Country
Home Phone #: Work Phone # : Mobile Phone # : Email:

relationship if any:

First Middle Last
of _____
Street City 

State Country
Home Phone #: Work Phone # : Mobile Phone # : Email:

relationship if any:

First Middle Last
of _____
Street City 

State Country
Home Phone #: Work Phone # : Mobile Phone # : Email:

relationship if any:

First Middle Last
of _____
Street City 

State Country
Home Phone #: Work Phone # : Mobile Phone # : Email:

As my beneficiary/beneficiaries, to receive any and all sums of money standing to the credit of my shares or deposit account or paid under and by virtue of the terms and conditions of the Life Insurance Contract, Life Savings Plan of the CORP-EFF Insurance Company Ltd. to the said Credit Union. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent Designation of beneficiary/beneficiaries form shall constitute a change of beneficiary/beneficiaries.

Account No: _____

Signature of Applicant (DO NOT PRINT)

Witness: _____

Witness: _____

Declaration of Business/Financial Activity

Account # :

Name:

PEP Status

Yes ☐

No ☐

EMPLOYMENT INFORMATION

Name and address of:

Employer ☐ University ☐ School/College ☐ Self Employed ☐ Retired ☐

Business Name

Street

City

State

Country

Employment Status:



Salary Mode:



Gross Salary/Wages:

Estimated Monthly Deposits:

Other Source of Funds:



If Other specify: _____

Estimated Monthly Deposits:

IF SELF-EMPLOYED

Type of Business:



Nature of Business/Primary business activity from which funds will be generated:

Estimated Monthly Deposits:

ANTICIPATED A/C ACTIVITY:

Total Estimated Monthly Deposits:

The Money Laundering Prevention Act and Regulations, as well as the Credit Union's Policy requires that we verify the Source of Funds before accepting funds for deposit or payment. Consent is given to the Credit Union to disclose this information to the Law Enforcement and Regulatory Authorities. Failure to make a "Bona-fide" declaration may result in the termination of our business relationship and possible legal action.

Signature

Date:

mm/dd/yyyy