

**NEVIS CO-OPERATIVE CREDIT UNION LIMITED**

P.O. Box 452, Chapel Street, Charlestown, Nevis, West Indies

Tel: (869) 469 – 5634 * Fax: (869) 469 – 1956 * E-Mail: info@neviscreditunion.com

Affiliated to the St. Kitts & Nevis National Co-operative League

MEMBERSHIP and PERSONAL ACCOUNT APPLICATION FORMPlease use **BLACK** or **BLUE INK**, print all information in **BLOCK LETTERS** and tick the relevant boxes.

Name of Account Holder:	Account #:
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Please note the following important points:

1. Requirement: Dual membership of Credit Unions can only be granted if the applicant declares his/her prior membership with the other Credit Union and submits correspondence granting the consent from the initial Credit Union to his/her proposed dual membership. (Section 26 (7) and (8) Co-operatives Societies Act 2011)
2. Requirement: All new membership applicants must provide the necessary supporting documentation to satisfy the regulatory guidelines. ('Know your customer policy' - Anti-Money Laundering Regulations.)
3. The application will be denied if all fields on this form are not completed.
4. Are you a member of another Credit Union in St. Kitts & Nevis? ☐ Yes ☐ No
5. If yes, please state the other Credit Union(s) name:

TO BE COMPLETED BY THE APPLICANT

PERSONAL INFORMATION (Two forms of valid/unexpired picture identification required for applicants. E.g. Passport, Drivers License, National Identification Card, local Work Permit Identification Card or Social Security Card).

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other			
Applicant's Surname:		First Name:	Middle:
Previous Name (if ever changed):			
Date of Birth (dd/mm/yyyy):			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Residence:		Country of Birth:	
Nationality (ies):			

FORM OF IDENTIFICATION

Two VALID PHOTO I.D. documents must be presented (non-nationals Must present their Passport and local work permit Identification card. Please note that Employer Identifications Cards will not be accepted)

Personal Identifier:	Issue (dd/mm/yyyy):	Expiration (dd/mm/yyyy):
Personal Identifier:	Issue (dd/mm/yyyy):	Expiration (dd/mm/yyyy):

Number of Dependents:

Evidence of current home address is required, e.g. utility bill - not more than 3 months old (this address must be your residential address), Job Letter, Character Reference Letter or Original of Rental/Lease agreement. A complete listing of the documents acceptable for the purpose of evidencing your current residential address can be had from the "How to Become a Member" document.

Please state your **Current Residential** Address:

Present Accommodation: ☐ **Own accommodation** ☐ **Rental/leased property** ☐ **Other** (Explain):

Mailing Address (if different from above):

How long have you been at your current address?

Home Phone #:	Cell Phone #:	Email Address:
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Please state your preferred method of contact:

APPLICANT EMPLOYMENT INFORMATION *(If self employed, please supply supporting documentation in its original form Or a notarized copy (Business License or a Certificate of Good Standing from the relevant body))*

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired ☐ Other (Specify):

Occupation (describe what you do for a living):

Employer's Name and Address:

Employer's Contact Details	Phone #:	Fax #:
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How long have you been employed with your current employer?

If Self-Employed (name and nature of business):

Are you presently entrusted with or intimately related to or closely associated with a person who hold or has held a prominent public position such as that of a Head of State or government, political party official, senior civil servant, senior executive of a state owned corporation, judicial official, senior member of the armed forces and or a member of senior management or executive of a regional or international organization? ☐ Yes ☐ No

If your response to the above question is "Yes", please state the position held and the period:

I hereby authorize the verification of the information provided from independent sources. I also authorize the Credit Union to share this information in accordance with all relevant laws and regulations inclusive of but not limited to the Foreign Account Tax Compliance Act (FATCA).

Are you a citizen or "green card holder" of the United States of America? ☐ Yes ☐ No

As a requisite of Membership of the Nevis Co-operative Credit Union Limited all members must purchase a minimum of one hundred shares (100) valued at ECD\$500.00 at the time of applying for membership of the Credit Union.

ACCOUNT DETAILS

Applicant Income Cycle: ☐ Weekly ☐ Fortnightly ☐ Semi Monthly ☐ Monthly ☐ Occasionally (please explain)

Original Source of Funds: ☐ Accumulated Savings ☐ Salary/Bonus ☐ Pension ☐ Sale of Property ☐ Inheritance
☐ Business Income ☐ Sale of Business ☐ Sale of Shares ☐ Other (explain):

Purpose of the account: ☐ Savings/Investment ☐ Day-to-Day Expenses ☐ Other (give details):

Source of Ongoing Funds: ☐ Salary ☐ Pension ☐ Business/Sales ☐ Commissions
☐ Other (give details):

Will anyone else besides you deposit funds to your account on a regular basis? ☐ Yes ☐ No
If yes, please give your reason:

ANNUAL INCOME (includes salary, bonus & other income [ECD])

Which of the following comes closest to your annual income range?

☐ \$24,000 or less ☐ \$24,001 to \$48,000 ☐ \$48,001 to \$72,000 ☐ \$72,001 to \$96,000

If greater than \$96,000.00, please state an approximate amount: \$

How much do you anticipate depositing regularly to your account? (CHECK the appropriate amount)

☐ \$5,000 or less ☐ \$5,001 to \$10,000 ☐ \$10,001 to \$30,000 ☐ \$30,001 to \$50,000

If greater than \$50,000.00, please state an approximate amount: \$

Frequency of deposits: ☐ Weekly ☐ Fortnightly ☐ Semi-Monthly ☐ Monthly ☐ Occasionally

Frequency of withdrawals: ☐ Weekly ☐ Fortnightly ☐ Semi-Monthly ☐ Monthly ☐ Occasionally

Declaration – By completing and signing this application, I acknowledge that I have read and understood this form. To the best of my knowledge and belief, I am an individual who is entitled to become a member of the Nevis Co-operative Credit Union Limited and I know of no circumstances that should prevent me from becoming such a member. The facts herein stated are true and complete to the best of my knowledge, information and belief and I agree to notify the Credit Union of any material change thereto immediately. I agree to conform to the By-Laws and Policies of the Nevis Co-operative Credit Union Limited as amended from time to time.

SIGNATURE OF APPLICANT:

DATE (dd/mm/yyyy):

APPOINTMENT OF BENEFICIARY

This designation is only effective when delivered to and filed with the **NEVIS CO-OPERATIVE CREDIT UNION LIMITED**.

(State full name) I, _____ on becoming a member of the Nevis Co-operative Credit Union Limited in accordance with section 106, of the Co-operatives Societies Act, 2011 made there under; and the By-Laws of the above named society, hereby nominate the following as the only person(s) to or among whom to my property in the society, shall be transferred, whether in shares, deposits, or interest held by me in the said society, in the event of my death, in such proportion(s) as is/are set forth below opposite their respective names:

NAME	RELATIONSHIP	ADDRESS	DATE OF BIRTH (dd-mm-yyyy)	PROPORTION TO BE PAID/TRANSFERRED

I further appoint the following person(s) as Trustee(s) for the minor(s) nominated above, until he/she attains the age of Eighteen (18), (any Trustee(s) appointed must be Eighteen (18) years of age or older).

NAME	RELATIONSHIP	ADDRESS	DATE OF BIRTH (dd-mm-yyyy)	PROPORTION TO BE PAID/TRANSFERRED

Signature of Member	Date
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Name of Witness:	Witness Signature:	Date:
Name of Witness:	Witness Signature:	Date:

FOR INTERNAL USE ONLY**Membership Application CHECKLIST**

The following documents are required to complete the membership application form. Please tick each box as evidence that the document has been obtained where applicable.

- ☐ Photo I.D. (The submission of the applicant's Passport and work permit I.D. card would be mandatory for non-nationals)
- ☐ Age of the applicant (Please note that applicants for membership of the Credit Union must be over the age of sixteen years in order to qualify for membership; refer to the Co-operatives Societies Act 2011, Section 26 (3))
- ☐ Address Verification (The document presented must not be more than 90 days old, should be in its original form and a photocopy of the document should be attached to the application form, a complete listing of the documents acceptable for the purpose of Address Verification can be had from the "How to Become a Member" document)
- ☐ Proof of Income (The document presented must not be more than 90 days old, should be in its original form and a photocopy of the document should be attached to the application form, a complete listing of the documents acceptable for the purpose of Proving ones income can be had from the "How to Become a Member" document)
- ☐ Character Reference (is to be submitted in instances whereby the applicant genuinely cannot present the requisite Photo I.D. and Address Verification document)
- ☐ Birth Certificate (is to be submitted along with the Character Reference in instances whereby the applicant genuinely cannot present the requisite Photo I.D. and Address Verification document)
- ☐ Bank Reference (2 Bank References must be submitted by overseas applicants only. This document should be addressed to the General Manager of the Nevis Co-operative Credit Union Limited.)
- ☐ Notarized documents (All documents mailed-in, including a completed application form, are required to be notarized. Please note that the proof of address, bank reference, proof of income and or any other similar document that is to be submitted by a **non-resident applicant** and or a **non-national applicant** are required to be notarized.)
- ☐ Financial and Mental Stability (If it is publicly known and documentation detailing this has been made public, that the applicant is an un-discharged bankrupt and or that the applicant is of unsound mind, then the application for membership shall be denied. Refer to the Co-operatives Societies Act 2011, Section 26 (c) and (d))
- ☐ Will the applicant require the conduct of enhanced due diligence procedures in order to satisfy the Credit Union's membership requirements? Yes ☐ No ☐
- ☐ Have the requisite enhanced due diligence procedures been completed? Yes ☐ No ☐ N/A ☐
- ☐ An OFAC Report on signatories/directors/partners/beneficial owner(s) should be generated
- ☐ Completed Application Form

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Residency Status: Please note that a determination of the residency status of the applicant is necessary in order for it to be known whether he/she qualifies for membership. Also bear in mind that based on the Co-operatives Societies Act 2011, Section 26 (2) (a) and (b) there are three accepted categories of members; they are Resident Nationals, Non-Resident Nationals and Resident Non-Nationals).

Residency Status of the applicant: ☐ Resident National ☐ Non-Resident National ☐ Resident Non-National

Prepared by:	Signature:	Date (dd/mm/yyyy):
Approved by:	Signature:	Date (dd/mm/yyyy):

COMMENTS: