MEMBER GENERAL INFORMATION

BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

PLEASE PRINT IN BLOCK LETTERS **YOUR ACCOUNT NUMBER:**

LAST NAME: Mr ( ) Mrs ( ) Ms ( )	FIRST NAME:	MIDDLE INITIALS:
HOME ADDRESS:		
MAILING ADDRESS:	City:	State:
	Postal Code:	Country:

DATE OF BIRTH: (dd/mm/yy)	HOME TELEPHONE:	WORK TELEPHONE:	MOBILE TELEPHONE:
E-MAIL ADDRESS:			
NAME AND ADDRESS OF EMPLOYER:			

OCCUPATION:	N.I.S. NUMBER:	☐ NATIONAL REGISTRATION NO. : ☐ PASSPORT NO. : ☐ DRIVERS LICENSE NO. :

PAY MODE:	CURRENT YEARLY SALARY (BDS$):	EMPLOYMENT STATUS:
☐ Wkly ☐ Mthly ☐ Bi-Mthly ☐ Job/Contract	☐ <$25,000 ☐ <$40,000 ☐ Over $40,000	☐ Permanent ☐ Temporary

YOUTH SAVER ACCOUNT(S)

LAST NAME:	FIRST NAME:	MIDDLE INITIALS:
ADDRESS:		
DATE OF BIRTH:	ACCOUNT NUMBER:	

LAST NAME:	FIRST NAME:	MIDDLE INITIALS:
ADDRESS:		
DATE OF BIRTH:	ACCOUNT NUMBER:	

▶ **MEMBER'S SIGNATURE:** **DATE:**

FOR MEMBERS RESIDING OUTSIDE OF BARBADOS ONLY:

NOTARIAL CERTIFICATE:

I ……, Notary Public in and for the Country/State/Province/County/( ) of …… do hereby **CERTIFY** that on the day of the date hereof personally came and appeared before me a male/female who identified his/her self to be the within named ……..…… the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed.

Given under my hand and seal this day of 20 .

……..……..

Notary Public

PLACE NOTARIAL STAMP HERE

In and for the Country/State/Province/County/( )

of ……..

BPWCCUL Received by:	**Date:**	**Verified by:**	**Date:**

Remember to sign this form • Send the completed original (not copies) to:
Barbados Public Workers' Co-operative Credit Union Limited
"Olive Trotman House", Keith Bourne Complex • Belmont Road, St. Michael BB14000 • Barbados, W.I.