



# Barbados Public Workers' Co-operative Credit Union Limited

ACCOUNT NO.:

## LOCAL JOINT MEMBERSHIP APPLICATION

PLEASE WRITE OR PRINT CLEARLY WHEN COMPLETING FORM

If you have an existing account, please state Account No.: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Are you a member of another Credit Union in Barbados? (A) Yes  No  (B) Yes  No

If yes please state Credit Union's name (A) \_\_\_\_\_ (B) \_\_\_\_\_

**NB: DUAL MEMBERSHIP CAN ONLY BE GRANTED WITH THE PRIOR APPROVAL OF YOUR ORIGINAL CREDIT UNION.**

ACCOUNT TYPE: Joint 'OR'  Joint 'AND'  Joint 'RECORD'  (Applicable to persons 18 years and over)

### (A) PERSONAL INFORMATION

(TICK ONE) MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/>		MARITAL STATUS : SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		MOTHER'S MAIDEN NAME: (Surname Before Marriage)	
CHRISTIAN NAME:		MIDDLE NAME(S):		SURNAME(S):	
DATE OF BIRTH: dd/mm/yyyy		NO. OF DEPENDENTS:		NATIONALITY:	
NATIONAL REGISTRATION NO. OR EQUIVALENT:		NATIONAL INSURANCE NO. OR EQUIVALENT:			
PERMANENT HOME ADDRESS: (Apt./House No.) (Street/Avenue)		Mailing address if different from home address: (Apt./ House No.)(Street/Avenue)			
(AREA) (PARISH)		(AREA) (PARISH)		(AREA) (PARISH)	
(POSTAL CODE) (COUNTRY)		(POSTAL CODE) (COUNTRY)		(POSTAL CODE) (COUNTRY)	
E-MAIL ADDRESS:					
TELEPHONE NOS:		HOME:		WORK: (Ext) CELLULAR:	

### (A) EMPLOYMENT INFORMATION (If self employed, a Certificate of Incorporation /Registration or equivalent is required)

NAME & ADDRESS OF EMPLOYER <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> SCHOOL/COLLEGE <input type="checkbox"/>		IF SELF-EMPLOYED, STATE BUSINESS NAME:			
		NATURE/TYPE OF BUSINESS:			
OCCUPATION:		AVERAGE MONTHLY/WEEKLY DEPOSIT:			
SALARY MODE: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Job/Contract <input type="checkbox"/>		EMPLOYMENT STATUS: PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CASUAL <input type="checkbox"/> UN-EMPLOYED <input type="checkbox"/>			
CURRENT SALARY:		SELF - EMPLOYED <input type="checkbox"/> SEASONAL <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/>			
IDENTIFICATION PRESENTED (Valid Photo ID required) BARBADOS ID CARD <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/>		IDENTIFICATION DETAILS: (NO.)		OTHER IDENTIFICATION (Please specify)	

### (B) PERSONAL INFORMATION

(TICK ONE) MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/>		MARITAL STATUS : SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		MOTHER'S MAIDEN NAME: (Surname Before Marriage)	
CHRISTIAN NAME:		MIDDLE NAME(S):		SURNAME(S):	
DATE OF BIRTH: dd/mm/yyyy		NO. OF DEPENDENTS:		NATIONALITY:	
NATIONAL REGISTRATION NO. OR EQUIVALENT:		NATIONAL INSURANCE NO. OR EQUIVALENT:			
PERMANENT HOME ADDRESS: (Apt./House No.) (Street/Avenue)		Mailing address if different from home address: (Apt./ House No.)(Street/Avenue)			
(AREA) (PARISH)		(AREA) (PARISH)		(AREA) (PARISH)	
(POSTAL CODE) (COUNTRY)		(POSTAL CODE) (COUNTRY)		(POSTAL CODE) (COUNTRY)	
E-MAIL ADDRESS:					
TELEPHONE NOS:		HOME:		WORK: (Ext) CELLULAR:	

### (B) EMPLOYMENT INFORMATION (If self employed, a Certificate of Incorporation /Registration or equivalent is required)

NAME & ADDRESS OF EMPLOYER <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> SCHOOL/COLLEGE <input type="checkbox"/>		IF SELF-EMPLOYED, STATE BUSINESS NAME:			
		NATURE/TYPE OF BUSINESS:			
OCCUPATION:		AVERAGE MONTHLY/WEEKLY DEPOSIT:			
SALARY MODE: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Job/Contract <input type="checkbox"/>		EMPLOYMENT STATUS: PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CASUAL <input type="checkbox"/> UN-EMPLOYED <input type="checkbox"/>			
CURRENT SALARY:		SELF - EMPLOYED <input type="checkbox"/> SEASONAL <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/>			
IDENTIFICATION PRESENTED (Valid Photo ID required) BARBADOS ID CARD <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/>		IDENTIFICATION DETAILS: (NO.)		OTHER IDENTIFICATION (Please specify)	

## OTHER SERVICES

If you are interested in receiving additional information on the following products and services, please indicate by ticking the appropriate boxes below or visit our website at [www.publicworkers.bb](http://www.publicworkers.bb).

FIXED DEPOSIT <input type="checkbox"/>	CO-OPTIMA VOICE <input type="checkbox"/>	VACATION CLUB <input type="checkbox"/>	HOME BUILDERS <input type="checkbox"/>	YOUTH SAVERS <input type="checkbox"/>
PREMIERE PLAN <input type="checkbox"/>	ATM CARD <input type="checkbox"/>	CHRISTMAS CLUB <input type="checkbox"/>		

## VALUE ADDED SERVICES

The following additional information is required to assist us in the development of value added services for our members and will be used for internal purposes only. To assist us in this regard, we would appreciate it if you would kindly complete the following section of the application form, by ticking the appropriate boxes.

CAR INSURANCE PROVIDER:	LIFE INSURANCE PROVIDER:	HOME INSURANCE PROVIDER:	HEALTH INSURANCE PROVIDER:
REGISTERED RETIREMENT SAVINGS PLAN PROVIDER:	HOME OWNER <input type="checkbox"/>	RENTING <input type="checkbox"/>	LAND OWNER <input type="checkbox"/>
	MORTGAGE PROVIDER:		
	OTHER <input type="checkbox"/> .....		
SUBSCRIPTION TV: DIRECT TV <input type="checkbox"/> MULTICHOICE TV <input type="checkbox"/>	MASTERCARD / VISACARD PROVIDER:		DEBIT CARD / ATM CARD SERVICE PROVIDER:
DO YOU OWN A MOBILE PHONE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU OWN A COMPUTER? YES <input type="checkbox"/> NO <input type="checkbox"/>	INTERNET SERVICE PROVIDER:	

### DECLARATION

I/We declare that I/we am/are not a member/members of another Credit Union in Barbados, or that if I am/we are, I/we have declared this fact as above-stated and I am/we are awaiting the permission of that other Credit Union to become a member/members of this Credit Union. To the best of my/our knowledge and belief, I am/we are an individual /individuals who is/are entitled to become a member/members of this Credit Union and I/we know of no circumstances, which would prevent me/us from becoming such a member/members. The facts herein stated are true to the best of my/our knowledge, information and belief. I/we hereby consent to the Credit Union verifying or disclosing this information or any other financial information to or obtaining further information from any other financial or other institution. I/we agree to conform to the By-Laws of this Credit Union.

(A) SIGNATURE OF APPLICANT:	DATE: dd/mm/yyyy		
(B) SIGNATURE OF APPLICANT:	DATE: dd/mm/yyyy		
PROPOSED BY: CREDIT UNION REPRESENTATIVE <input type="checkbox"/> OTHER <input type="checkbox"/>	NATURE OF RELATIONSHIP TO PROPOSER:		
NAME OF CU REPRESENTATIVE/OTHER:	ACCOUNT NUMBER:	SIGNATURE OF CU REPRESENTATIVE/OTHER:	DATE: (dd/mm/yyyy)
SECONDED BY (NAME):	ACCOUNT NUMBER:	SIGNATURE:	DATE: (dd/mm/yyyy)

## OFFICIAL USE ONLY

NAME OF STAFF MEMBER OPENING ACCOUNT: (PLEASE PRINT)	SIGNATURE OF STAFF MEMBER OPENING ACCOUNT:	DATE: (dd/mm/yyyy)
--	--	--------------------

## APPROVAL OF MEMBERSHIP

DATE MEMBERSHIP APPROVED:	dd/mm/yyyy
COMMENTS:	
SECRETARY, BOARD OF DIRECTORS: (NAME)	SIGNATURE:

Telephone: (246) 434-2667; Belmont Road – Fax: (246) 437-8745; Broad Street - Fax: (246) 228-8586  
 Website: [www.publicworkers.bb](http://www.publicworkers.bb) • E-mail Address: [pubworks@caribsurf.com](mailto:pubworks@caribsurf.com)