



Barbados Public Workers' Co-operative Credit Union Limited

LOCAL INDIVIDUAL MEMBERSHIP APPLICATION

ACCOUNT NO.:

PLEASE WRITE OR PRINT CLEARLY WHEN COMPLETING FORM

Individual Membership Is Applicable to Persons 16 Years and Over

Are you a member of another Credit Union in Barbados? Yes No If yes please state the Credit Union's name: _____

NB: Dual membership can only be granted with the prior approval of the Registrar of Co-operatives and your Credit Union.

PERSONAL INFORMATION

MR. MRS. MISS (TICK ONE) MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

FIRST NAME: _____ MIDDLE NAME: _____

SURNAME(S) _____ SUFFIX: (Dr., Professor, Reverend, e.t.c) _____

ALIASES: _____

PERMANENT ADDRESS: (Evidence of address required, e.g. Account statement, Utility Bill, etc)

MAILING ADDRESS: (Evidence of address required, e.g. Account statement, Utility Bill, etc)

HOUSE/APT. NO. _____

HOUSE/APT. NO. _____

(STREET/AVENUE) _____ (AREA) _____

(STREET/AVENUE) _____ (AREA) _____

(PARISH) _____ POSTAL CODE _____

(PARISH) _____ POSTAL CODE _____

(COUNTRY) _____

(COUNTRY) _____

TELEPHONE NOS: (H) _____

(W) _____

(EXT) _____

(FAX) _____

(CELL) _____

E-MAIL ADDRESS: _____

MOTHER'S MAIDEN NAME: _____

NATIONAL REGISTRATION NO. OR EQUIVALENT: _____

NATIONAL INSURANCE NO. OR EQUIVALENT: _____

DATE OF BIRTH: dd/mm/yyyy _____

PLACE OF BIRTH: _____

NATIONALITY: _____

COUNTRY OF RESIDENCE: _____

NO. OF DEPENDENTS: _____

EMPLOYMENT INFORMATION

NAME & ADDRESS OF

EMPLOYER UNIVERSITY SCHOOL/COLLEGE

IF SELF-EMPLOYED, STATE: (Certificate of Incorporation/Registration or equivalent required)

BUSINESS NAME: _____

NATURE BUSINESS: _____

OCCUPATION _____

EMPLOYMENT STATUS:

PERMANENT SEASONAL UN-EMPLOYED
CASUAL SELF-EMPLOYED STUDENT
TEMPORARY RETIRED

SALARY MODE:

Weekly Bi-Weekly Semi-Monthly
Monthly Job/Contract

SALARY/WAGES: _____

AVERAGE MONTHLY/WEEKLY DEPOSIT: _____

IDENTIFICATION

(Valid Photo ID required. Include expiry date where appropriate)

BARBADOS ID CARD NO:	BARBADOS PASSPORT NO.:	BARBADOS DRIVERS LICENCE: NO:
Date Issued Expires	Date Issued Expires:	Date Issued Expires
OTHER: <input type="checkbox"/>		
Date Issued Expires		

OTHER SERVICES

If you are interested in receiving additional information on the following products and services, please indicate by checking the appropriate boxes below or visit our website at www.publicworkers.bb.

FIXED DEPOSIT <input type="checkbox"/>	PREMIERE PLAN <input type="checkbox"/>	VACATION CLUB <input type="checkbox"/>	BILL PAYMENT SERVICE <input type="checkbox"/>
UCOLSA (RRSP) <input type="checkbox"/>	PREMIERE HOMEBUILDERS' SAVINGS PLAN <input type="checkbox"/>	CHRISTMAS CLUB <input type="checkbox"/>	YOUTH SAVER'S ACCOUNT <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 if you would kindly complete the following sections that apply to you.

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"/> OTHER <input type="checkbox"/>		MORTGAGE PROVIDER:
SUBSCRIPTION TV: DIRECT TV <input type="checkbox"/> MCTV <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 declare that I am not a member of another Credit Union in Barbados, or that if I am I have declared this fact as above-stated and I am awaiting the permission of that other Credit Union and the Registrar of Co-operatives to become a member of this Credit Union. To the best of my knowledge and belief, I am an individual who is entitled to become a member of this Credit Union and I know of no circumstances, which would prevent me from becoming such a member. The facts herein stated are true to the best of my knowledge, information and belief. I 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 agree to conform to the By-Laws of this Credit Union.

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 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
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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 • E-mail Address: pubworks@caribsurf.com