



INDIVIDUAL MEMBERSHIP APPLICATION FORM

NB: DUAL MEMBERSHIP CAN ONLY BE GRANTED WITH THE PRIOR APPROVAL OF YOUR ORIGINAL CREDIT UNION
 Are you a member of another Credit Union in Barbados? Yes No If yes, please state the Credit Union's name:

1. PERSONAL INFORMATION *(Two forms of valid picture identification required. e.g. National ID, Passport, Drivers Licence)*

MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:	
FIRST NAME:	MIDDLE NAME(S):
SUFFIX <i>(Dr., Prof., Rev., etc.):</i>	ALIASES:
DATE OF BIRTH <i>(mm/dd/yyyy):</i>	PLACE OF BIRTH:
NATIONAL REGISTRATION No.:	NATIONAL INSURANCE No.:
NATIONALITY:	COUNTRY OF RESIDENCE:
NO. OF CHILDREN:	
MOTHER'S MAIDEN NAME <i>(surname before marriage):</i>	

IDENTIFICATION *(valid photo ID required. Include expiry date where appropriate)*

BARBADOS ID CARD No.:	Issue Date <i>(mm/dd/yyyy):</i>	Expires:
PASSPORT No.:	Issue Date <i>(mm/dd/yyyy):</i>	Expires:
DRIVERS LICENCE No.:	Issue Date <i>(mm/dd/yyyy):</i>	Expires:
OTHER:	Issue Date <i>(mm/dd/yyyy):</i>	Expires:

Evidence of permanent and mailing addresses is required, e.g. account statement, utility bill, etc.

PERMANENT ADDRESS: STREET/AVENUE:	
CITY/TOWN:	PARISH/STATE:
ZIP/POSTAL CODE:	COUNTRY:
HOW LONG AT CURRENT ADDRESS:	IF LESS THAN TWO YEARS, TIME AT PREVIOUS RESIDENCE:
TELEPHONE No.(s): Home:	Work: Ext.:
Mobile:	Fax:
EMAIL ADDRESS:	
MAILING ADDRESS (if different from permanent address): STREET/AVENUE:	
CITY/TOWN:	PARISH/STATE:
ZIP/POSTAL CODE:	COUNTRY:
TELEPHONE No.: Home:	

2. EMPLOYMENT INFORMATION *(If self-employed, a certificate of Incorporation/Registration or equivalent is required)*

NAME & ADDRESS OF: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> SCHOOL/COLLEGE	
IF SELF-EMPLOYED, STATE BUSINESS NAME:	
NATURE/TYPE OF BUSINESS:	OCCUPATION:
EMPLOYMENT STATUS: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> CASUAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> UN-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED	

SALARY MODE: WEEKLY SEMI-MONTHLY MONTHLY JOB/CONTRACT SALARY/WAGES:

PURPOSE OF ACCOUNT (Reason for opening account):

SOURCE OF FUNDS (Salary, Business, etc.): AVERAGE MONTHLY/WEEKLY DEPOSIT:

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 permission has been granted by that other Credit Union for me 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 (mm/dd/yyyy):

PROPOSED BY: Credit Union Representative Other NATURE OF RELATIONSHIP TO PROPOSER:

NAME OF CU REPRESENTATIVE/OTHER: ACCOUNT No.:

SIGNATURE: DATE (mm/dd/yyyy):

SECONDED BY (Name): ACCOUNT No.:

SIGNATURE: DATE (mm/dd/yyyy):

3. FOR OVERSEAS APPLICANTS ONLY

NOTARIAL CERTIFICATE:
I, Notary Public in and for the Country/State/Province/County ofdo hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself 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 thisday of20

PLACE NOTARIAL STAMP HERE

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Notary Public in and for the Country/State/Province/County of

FOR OFFICIAL USE ONLY

NAME OF STAFF MEMBER OPENING ACCOUNT (please print):

SIGNATURE OF STAFF MEMBER OPENING ACCOUNT: DATE (mm/dd/yyyy):

NAME OF STAFF MEMBER VERIFYING ACCOUNT (please print):

SIGNATURE OF STAFF MEMBER VERIFYING ACCOUNT: DATE (mm/dd/yyyy):

APPROVAL OF MEMBERSHIP

DATE MEMBERSHIP APPROVED (mm/dd/yyyy):

COMMENTS:

CREDIT UNION OFFICIAL (Name, Title):

SIGNATURE OF CREDIT UNION OFFICIAL: