



**ACCOUNT No.:** \_\_\_\_\_

# CO-OPTIMA BANKING APPLICATION FORM

**Co-optima Online Banking**     **Co-optima Telephone Banking**

**NOTE** that the Credit Union reserves the right to update its records with any new or changed personal information you provide in the section below

## 1. PERSONAL INFORMATION (PLEASE COMPLETE IN BLOCK LETTERS)

MR.    MRS.    MS.    LAST NAME(S): \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME(S): \_\_\_\_\_

DATE OF BIRTH *(mm/dd/yyyy)*: \_\_\_\_\_

NATIONAL REGISTRATION No.: \_\_\_\_\_ NATIONAL INSURANCE No.: \_\_\_\_\_

### IDENTIFICATION *(valid photo ID required, include expiry date where appropriate)*

BARBADOS ID CARD No.: \_\_\_\_\_ Issue Date *(mm/dd/yyyy)*: \_\_\_\_\_ Expires: \_\_\_\_\_

PASSPORT No.: \_\_\_\_\_ Issue Date *(mm/dd/yyyy)*: \_\_\_\_\_ Expires: \_\_\_\_\_

DRIVERS LICENCE No.: \_\_\_\_\_ Issue Date *(mm/dd/yyyy)*: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_ Issue Date *(mm/dd/yyyy)*: \_\_\_\_\_ Expires: \_\_\_\_\_

PERMANENT ADDRESS: STREET/AVENUE: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PARISH/STATE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE NOs.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext.: \_\_\_\_\_

Mobile: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different from permanent address): STREET/AVENUE: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PARISH/STATE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE NO.: Home: \_\_\_\_\_

## 2. ACCOUNT INFORMATION

OTHER ACCOUNT NOS. I WISH TO ACCESS WITH CO-OPTIMA ONLINE BANKING AND TELEPHONE BANKING (optional):  
1) \_\_\_\_\_    2) \_\_\_\_\_    3) \_\_\_\_\_    4) \_\_\_\_\_  
 Yes, I wish to receive my account statements electronically.

## 3. DECLARATION

I hereby make application for  Online Banking Service  Telephone Banking Service and have read the attached user agreement.

SIGNATURE: ..... DATE *(mm/dd/yyyy)*: .....

**4. FOR OVERSEAS APPLICANTS ONLY**

I prefer to receive my login instructions by (please check one only):  E-mail  Post

**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/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 this ..... day of .....20.....

*PLACE NOTARIAL STAMP HERE*

.....  
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):.....