



GENERAL INFORMATION FORM

1. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:		
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:		
NATIONALITY:		PLACE OF BIRTH:
COUNTRIES OF CITIZENSHIP:		
EMPLOYER:		OCCUPATION/NATURE OF BUSINESS:
PAY MODE: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly SALARY/WAGES:		
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		
MAILING ADDRESS (if different from permanent address): STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE NO.: Home:		

2. THRIFT CLUB ACCOUNTS

1)	ACCOUNT NUMBER:	
<input type="checkbox"/> MR. <input type="checkbox"/> MS. LAST NAME:		
FIRST NAME:		MIDDLE NAME(S)
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
NATIONALITY:		PLACE OF BIRTH:
TELEPHONE:		DATE OF BIRTH (mm/dd/yyyy):

2) ACCOUNT NUMBER:	
<input type="checkbox"/> MR. <input type="checkbox"/> MS. LAST NAME(S):	
FIRST NAME:	MIDDLE NAME(S)
PERMANENT ADDRESS: STREET/AVENUE:	
CITY/TOWN:	PARISH/STATE:
ZIP/POSTAL CODE:	COUNTRY:
NATIONALITY:	PLACE OF BIRTH:
TELEPHONE:	DATE OF BIRTH (mm/dd/yyyy):

SIGNATURE OF MEMBER:	DATE (mm/dd/yyyy):
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3. FOR OVERSEAS MEMBERS 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/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 UPDATING ACCOUNT (please print):	
SIGNATURE OF STAFF MEMBER UPDATING ACCOUNT:	DATE (mm/dd/yyyy):
NAME OF STAFF MEMBER VERIFYING ACCOUNT (please print):	
SIGNATURE OF STAFF MEMBER VERIFYING ACCOUNT:	DATE (mm/dd/yyyy):