



JOINT MEMBERSHIP APPLICATION FORM

Please state your Account No.: **Primary Applicant:**..... **Co-Applicant:**

TYPE OF JOINT ACCOUNT: *(Applicable to persons 18 years and over)* ☐ **Joint ‘OR’** ☐ **Joint ‘AND’** ☐ **Joint ‘RECORD’**

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

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

☐ MR. ☐ MRS. ☐ MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH *(mm/dd/yyyy)*: PLACE OF BIRTH:

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

NAME & ADDRESS OF: ☐ EMPLOYER ☐ UNIVERSITY ☐ SCHOOL/COLLEGE

IF SELF-EMPLOYED, STATE BUSINESS NAME:

NATURE/TYPE OF BUSINESS: OCCUPATION:

EMPLOYMENT STATUS: ☐ PERMANENT ☐ TEMPORARY ☐ SELF-EMPLOYED ☐ CASUAL ☐ SEASONAL ☐ UN-EMPLOYED ☐ STUDENT ☐ 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:

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

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

☐ MR. ☐ MRS. ☐ MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH *(mm/dd/yyyy)*: PLACE OF BIRTH:

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 No.(s): Home: Work: Ext.:

Mobile: Fax:

EMAIL ADDRESS:

4. CO-APPLICANT EMPLOYMENT INFORMATION (If self-employed, a Certificate of Incorporation/Registration or equivalent is required)

NAME & ADDRESS OF: ☐ EMPLOYER ☐ UNIVERSITY ☐ SCHOOL/COLLEGE

IF SELF-EMPLOYED, STATE BUSINESS NAME:

NATURE/TYPE OF BUSINESS:

OCCUPATION:

EMPLOYMENT STATUS: ☐ PERMANENT ☐ TEMPORARY ☐ SELF-EMPLOYED ☐ CASUAL ☐ SEASONAL ☐ UN-EMPLOYED ☐ STUDENT ☐ 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 - We declare that the facts herein stated are true to the best of our knowledge, information and belief. 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. We agree to conform to the By-Laws of this Credit Union.

1. SIGNATURE OF PRIMARY APPLICANT: DATE (mm/dd/yyyy):

2. SIGNATURE OF CO-APPLICANT: DATE (mm/dd/yyyy):

5. FOR OVERSEAS APPLICANTS 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

6. FOR OVERSEAS CO-APPLICANTS 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 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, Job Title):

SIGNATURE OF CREDIT UNION OFFICIAL: