



**UNITED ENTERPRISE CREDIT UNION LIMITED  
JUNIOR MEMBERSHIP APPLICATION FORM**  
(children 3 months – 16 years)

SECTION A: APPLICANT INFORMATION			
ACCOUNT NUMBER:			MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
NAME:	FIRST	MIDDLE:	LASTNAME:
DATE OF BIRTH (MM/DD/YEAR)		NATIONAL REGISTRATION:	NATIONAL ID:
TELEPHONE:	HOME:	CELL:	EMAIL ADDRESS:
CURRENT ADDRESS:			
FORMER ADDRESS (if different)			
COUNTRY OF RESIDENCE:		NATIONALITY:	
SECTION B: PARENT/GUARDIAN			
RELATIONSHIP TO PRIMARY ACCOUNT OWNER:			
NAME: MR/MRS/MS	FIRST:	MIDDLE:	LASTNAME:
DATE OF BIRTH (MM/DD/YYYY):		NATIONAL REGISTRATION	SECOND FORM OF ID:
NO. OF DEPENDENTS:	WHAT ARE THE AGES OF THE DEPENDENTS? CHILD #1 ( ) CHILD #2 ( ) CHILD #3 ( ) CHILD #4 ( ) OTHER CHILDREN'S AGES: _____		
TELEPHONE:	HOME:	CELL:	EMAIL ADDRESS:
CURRENT ADDRESS:			
FORMER ADDRESS (IF DIFFERENT)			
CONTRY OF RESIDENCE:		NATIONALITY:	
SECTION C: EDUCATIONAL INFORMATION			
INSTITUTION:			
YEARS AT INSTITUTION:			
ADDRESS:		HOBBIES:	
PHONE:		EMAIL:	
SECTION D: SAVINGS FROM PARENT'S DEDUCTIONS			
PURPOSE OF MEMBERSHIP (Reason for opening account): Savings <input type="checkbox"/> Other: _____			
I would like \$_____ saved Per week <input type="checkbox"/> Month <input type="checkbox"/>			
I would like to pay into my child's Credit Union Account by:			
Cash over the counter <input type="checkbox"/> Payroll Deduction Via Parent's Account <input type="checkbox"/>			
SECTION E: DECLARATION			
Is your child/Are you a member of any other credit union? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please state the name of the Credit Union: _____			
<b>DUAL MEMBERSHIP MAY NOT BE GRANTED WITHOUT THE PRIOR APPROVAL OF THE ORIGINAL CREDIT UNION</b>			
PURPOSE OF ACCOUNT			
ESTIMATED ACCOUNT ACTIVITY:			
SOURCE OF FUNDS:			
AVERAGE DEPOSIT: <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			
SECTION F: MARKETING			
How did you find out about United Enterprise Credit Union Limited (UECUL)?			
Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> Webpage <input type="checkbox"/> Promotion/Presentation <input type="checkbox"/> Other <input type="checkbox"/> : _____			
UECUL Member: _____		UECUL Staff: _____	
FATCA DECLARATION			
Are you or were you a U.S citizen (including dual citizenship)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you born in the United States or a U.S territory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or were you ever a lawful permanent resident of the U.S (Green Cardholder)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you reside in the U.S. for at least 182 days a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a U.S. mailing address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a U.S. phone number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a U.S. P.O. Box address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a U.S In-Care-of address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have standing instructions to transfer funds to an account maintained in the U.S.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have effective Power of Attorney or Signature Authority granted to a person with a U.S. address		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered yes to any of the above, you maybe be asked to provide additional information</b>			



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SECTION G: EMPLOYMENT INFORMATION (FOR PARENT)					
<b>EMPLOYMENT STATUS:</b>		SELF EMPLOYED <input type="checkbox"/>		PART TIME <input type="checkbox"/>	
<b>OCCUPATION:</b>					
<b>CURRENT EMPLOYER:</b>					
<b>EMPLOYER ADDRESS:</b>					
<b>PHONE:</b>		<b>EMAIL:</b>		<b>FAX:</b>	
IF SELF-EMPLOYED PLEASE STATE NAME AND THE NATURE/ ACTIVITY OF THE BUSINESS					
<b>BUSINESS NAME:</b>					
<b>REGISTRATION NO:</b>		<b>NO. OF YEARS IN BUSINESS:</b>		<b>NO. OF EMPLOYEES:</b>	
<b>BUSINESS ACTIVITY:</b>					
<b>ADDRESS:</b>					
<b>PHONE:</b>		<b>FAX:</b>		<b>EMAIL:</b>	
<b>SALARY <input type="checkbox"/> WAGES <input type="checkbox"/> \$ _____</b>					
SECTION H: SIGNATURES					
<b>SIGNATURE:</b>		<b>DATE:</b>			
<b>PROPOSED BY:</b>		<b>SECONDED BY:</b>			
<b>SIGNATURE:</b>		<b>SIGNATURE:</b>			
EARLY CLOSURE FEE: I understand that I will have to pay an administrative fee of \$25, If this account is closed within 90 days of the date below .					
<b>Signature of Owner:</b>				<b>Date:</b>	
<b>Signature of Parent/Guardian:</b>				<b>Date:</b>	
PARENTAL/ LEGAL GUARDIAN DECLARATION					
<p><b>I, .....</b> Parent/legal guardian of .....  <b>Agree that this account will be turned over to the "Owner"/Primary holder when he/she reaches the age of 16. I further grant United Enterprise Credit Union the authority to suspend the account until such time as this change is effected.</b></p> <p><b>Signature of Parent/Guardian: .....</b> <b>Date: (dd/mm/yyyy) .....</b></p>					
FOR OVERSEAS PURPOSES ONLY					
<p>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/her self 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 voluntary act and deed. Given under my hand and seal this ..... day of ..... the year .....          Notary Public in and for the Country/State/Province/County of .....</p>					
FOR OFFICIAL USE ONLY					
<b>*ENTRANCE FEE NON-REFUNDABLE*</b>					
<b>ENTRANCE FEE (\$10.00)</b>		<b>QUALIFYING SHARES (\$50.00)</b>		<b>DEPOSIT \$</b>	
PAID <input type="checkbox"/> OUTSTANDING <input type="checkbox"/>		QUALIFIED <input type="checkbox"/> OUTSTANDING <input type="checkbox"/>		\$ _____	
<b>OTHER PRODUCTS PROPOSED:</b>					
<b>PROOF OF ADDRESS</b>		YES	NO	<b>TWO VALID PICTURE IDS</b>	
		YES	NO		
<b>STAFF MEMBER PROCESSING</b>		PRINT NAME:		<b>DATE:</b>	
		SIGNATURE:			
<b>MANAGEMENT PROCESSING</b>		PRINTNAME:		<b>DATE:</b>	
		SIGNATURE			
<b>APPROVED BY THE BOARD OF DIRECTORS.</b>		PRINTNAME:		<b>DATE:</b>	
		SIGNATURE:			