



United Enterprise Credit Union Limited

Upstairs Pearson's Pharmacy, Upper Collymore Rock, St Michael BB11091, Barbados, W.I
 Telephone (246) 426-4267/8061 Email: info@uecul.org
 Registered October 1976

ADULT MEMBERSHIP FORM

APPLICATION DATE:	(mm/dd/yyyy)	ACCOUNT NO:	
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SECTION A: ACCOUNT HOLDER PERSONAL INFORMATION

MARITAL STATUS:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Other:	SPOUSE NAME:(IF APPLICABLE)
NAME: MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/>	LAST NAME:				
FIRST NAME:				MIDDLE NAME:	
ALIAS IF ANY:				DATE OF BIRTH (MM/DD/YEAR):	
NATIONAL REGISTRATION No:				ISSUE DATE:	EXPIRES:
PASSPORT No:				ISSUE DATE:	EXPIRES:
DRIVER'S LICENSE NO:				ISSUE DATE:	EXPIRES:
PLACE OF BIRTH					
NATIONALITY:				COUNTRIES OF DUAL NATIONALITY:	
PERMANENT ADDRESS: (STREET/ AVENUE)					
CITY/ TOWN:				PARISH/ STATE:	
COUNTRY:				ZIP/POSTAL CODE:	
TELEPHONE Nos:	HOME:			CELL:	WORK: EXT.
EMAIL ADDRESS:					
MAILING ADDRESS (if different from permanent address):					
CITY/TOWN:				PARISH/STATE:	
ZIP/ POSTAL CODE:				COUNTRY:	
TYPE OF PROOF OF ADDRESS PRESENTED:	Utility Bill <input type="checkbox"/>	Bank Statement <input type="checkbox"/>	Credit Card Statement <input type="checkbox"/>	Other: _____	

SECTION B: POLITICAL AFFILIATION INDIVIDUALS (PEP)

ARE YOU A POLITICALLY EXPOSED PERSON OR DO YOU HAVE ANY AFFILIATIONS WITH POLITICALLY EXPOSED PERSONS (**PEP**)?
 (Government/Military/State Officials)
 Yes No
 If yes, please provide details of person
 Name: _____ Relationship: _____

SECTION C: ACCOUNT HOLDER EMPLOYMENT INFORMATION

NAME OF EMPLOYER/UNIVERSITY:							
ADDRESS OF EMPLOYER/ UNIVERSITY							
OCCUPATION:				HOW LONG WITH COMPANY?			
IF SELF EMPLOYED, STATE NAME OF THE BUSINESS:							
BUSINESS ADDRESS (If self-employed):							
NATURE/ TYPE OF BUSINESS							
EMPLOYMENT STATUS:	PERMANENT <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>	CASUAL <input type="checkbox"/>	SEASONAL <input type="checkbox"/>	UNEMPLOYED <input type="checkbox"/>	RETIRED <input type="checkbox"/>
	<input type="checkbox"/> STUDENT	<input type="checkbox"/>					
SALARY MODE:	Weekly <input type="checkbox"/>	Bi-Monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Job/Contract <input type="checkbox"/>			
SALARY/WAGE APPROXIMATE:	Less than \$2,000 <input type="checkbox"/>	\$2,001 – 4,000 <input type="checkbox"/>	\$4,001 – 6,000 <input type="checkbox"/>	\$6,001 – 8,000 <input type="checkbox"/>			
	\$8,001 – 10,000 <input type="checkbox"/>	\$10,000 or more <input type="checkbox"/>					
ESTIMATED ACCOUNT ACTIVITY:							

SECTION D: MEMBER SERVICES

PURPOSE OF OPENING ACCOUNT: Loans <input type="checkbox"/>				Savings <input type="checkbox"/>	Salary Deposits <input type="checkbox"/>	Other:
I would like to save \$_____ Weekly <input type="checkbox"/>			Monthly <input type="checkbox"/>	Do you have currently a Car Loan <input type="checkbox"/>		
I would like to pay into the credit union Account via:			Cash over the counter <input type="checkbox"/>	Payroll Deduction <input type="checkbox"/>		
			Direct Bank Deposits <input type="checkbox"/>			

NAME OF PERSONAL BANK	BANK BRANCH	BANK ACCOUNT NUMBER

Payroll deduction (if you are employed by a participating employer, please complete a **SALARY DEDUCTION FORM**)



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ADULT MEMBERSHIP FORM

PLEASE NOTE THAT DUAL MEMBERSHIP CAN ONLY BE GRANTED WITH PRIOR APPROVAL OF YOUR CREDIT UNION

Are you a Member of another Credit Union in Barbados? Yes No

If yes, please state the name of the Credit Union: _____

SECTION E: MARKETING

If YES, do you have any Children? Yes No

If YES, what is/are the ages of your dependents? _____

If YES, would you be interested in your dependents joining the Credit Union? Yes No

How did you find out about United Enterprise Credit Union Limited (UECUL)?

Newspaper Ad Social Media Radio Word to mouth Internet Website Promotion/Presentation

Other : _____ UECUL Member: _____ UECUL Staff: _____

Have you received funding from a Financial Institution before? Yes No If yes, Amount: \$ _____ Year: _____

SECTION F: FATCA DECLARATION

Are you or were you a U.S citizen (including dual citizenship) Yes No

Are you or were you ever a lawful permanent resident of the U.S (Green Cardholder) Yes No

Do you have a U.S. mailing address Yes No

Do you have a U.S. P.O. Box address Yes No

Were you born in the United States or a U.S territory Yes No

Do you reside in the U.S. for at least 182 days a year Yes No

Do you have a U.S. phone number Yes No

Do you have a U.S In-Care-of address Yes No

Do you have standing instructions to transfer funds to an account maintained in the U.S. Yes No

Do you have effective Power of Attorney or Signature Authority granted to a person with a U.S. address? Yes No

SECTION G: 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 _____

CONSENT

I hereby **CONSENT** to the following:

The Company may obtain, verify, share, and exchange Credit Information and Personal Information about me from and with Credit Bureaus. Credit Information means any positive or negative information bearing on my credit worthiness, credit standing and credit capacity, including, but not limited to, my history or profile with regard to credit, assets or financial obligations. Personal Information means any information about me that may be used to identify me including my present and past names, contact information, age and gender, identification numbers and income, expense, and employment information. This Consent shall remain in effect for the duration of any relationship that I have or may have with the Company, including during the application process for this and any future credit facility, or until I revoke this Consent in writing.

SECTION H: MEMBERS SIGNATURE

MEMBERS SIGNATURE:	DATE:	(mm/dd/yyyy)
PROPOSED BY:	(Please Print Name)	SECONDED BY:
		(Please Print Name)
SIGNATURE:	SIGNATURE:	

FOR OFFICIALS USE ONLY

ENTRANCE FEE NON - REFUNDABLE

ENTRANCE (\$10.00)	QUALIFYING SHARE (\$50.00)	DEPOSITS
PAID <input type="checkbox"/> OUTSTANDING <input type="checkbox"/>	PAID <input type="checkbox"/> OUTSTANDING <input type="checkbox"/>	\$
OTHER PRODUCTS PROPOSED		
PROOF OF ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	VALID PHOTO IDS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
STAFF MEMBER NAME:	(Please Print Name)	DATE:
STAFF MEMBER PROCESSING SIGNATURE		(mm/dd/yyyy)
MANAGEMENT NAME:	(Please Print Name)	DATE:
MANAGEMENT AUTHORIZING SIGNATURE		(mm/dd/yyyy)