

## JOINT ACCOUNT APPLICANT FORM

|  |  |   |  |  |                                   |  |
|--|--|---|--|--|-----------------------------------|--|
| APPLICATION DATE:  |  |   |  | JOINT ACCOUNT NO:                              |                                   |  |
| <b>TYPE OF ACCOUNT:</b> <input type="checkbox"/> JOINT "OR" (ANY ONE OF THE PARTIES TO THE JOINT ACCOUNT MAY AUTHORIZE TRANSACTIONS)<br><input type="checkbox"/> JOINT "AND" (BOTH PARTIES TO THE JOINT ACCOUNT MUST AUTHORIZE ALL TRANSACTIONS) |  |   |  |  |                                   |  |
| <b>SECTION A: PRIMARY ACCOUNT HOLDER PERSONAL INFORMATION</b>  |  |   |  |  |                                   |  |
| 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"/> MR <input type="checkbox"/>   | LAST NAME:                                 |   |  |  |                                   |  |
| MIDDLE NAME:   |  |   | FIRST 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:                          |  |
| PERMANENT ADDRESS: (STREET/ AVEUNE)  |  |   |  |  |                                   |  |
| CITY/ TOWN:  |  |   | PARISH/ STATE:   |  |                                   |  |
| COUNTRY:   |  |   | ZIP/POSTAL CODE:   |  |                                   |  |
| EMAIL ADDRESS:   |  |   |  |  |                                   |  |
| NATIONALITY:   |  |   | DUAL NATIONALITY:  |  |                                   |  |
| COUNTRIES OF DUAL NATIONALITY:   |  |   |  |  |                                   |  |
| TELEPHONE:   | HOME:                                      |   |  | CELL:  |                                   |  |
| CURRENT ADDRESS:   |  |   |  |  |                                   |  |
| FORMER ADDRESS (IF LESS THAN 1 YEAR):  |  |   |  |  |                                   |  |
| TYPE OF PROOF OF ADDRESS PRESENTED:  |  | Utility Bill <input type="checkbox"/>     | Bank Statement <input type="checkbox"/>  | Credit Card Statement <input type="checkbox"/> |                                   |  |
| MAILING ADDRESS (if different from permanent address):   |  |   |  |  |                                   |  |
| CITY/TOWN:   |  |   | PARISH/STATE:  |  |                                   |  |
| ZIP/ POSTAL CODE:  |  |   | COUNTRY:   |  |                                   |  |
| <b>POLITICAL AFFILIATION INDIVIDUALS (PEP)</b>   |  |   |  |  |                                   |  |
| DO YOU HAVE ANY AFFILIATIONS WITH POLITICALLY EXPOSED PERSONS (PEP)? (Government/Military/State Officials)<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please provide details of person                               |  |   |  |  |                                   |  |
| Name: _____  |  |   | Relationship: _____  |  |                                   |  |
| <b>NAME OF PERSONAL BANK</b>   |  | <b>BANK BRANCH</b>                        |  |  | <b>BANK ACCOUNT NUMBER</b>        |  |
|  |  |   |  |  |                                   |  |
| <b>SECTION B: PRIMARY ACCOUNT HOLDER EMPLOYMENT INFORMATION</b>  |  |   |  |  |                                   |  |
| NAME OF EMPLOYER/UNIVERSITY:   |  |   |  |  |                                   |  |
| ADDRESS OF EMPLOYER/ UNIVERSITY  |  |   |  |  |                                   |  |
| IF SELF EMPLOYED, STATE NAME OF THE BUSINESS:  |  |   |  |  |                                   |  |
| BUSINESS ADDRESS (If self-employed):   |  |   |  |  |                                   |  |
| NATURE/ TYPE OF BUSINESS   |  |   | OCCUPATION:  |  |                                   |  |
| 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"/> |
|  | 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"/> |  |  |                                   |  |
| PHONE:   | Work:                                      | EXT:                                      | How long with company  |  |                                   |  |
| <b>SECTION D: MEMBER SERVICES</b>  |  |   |  |  |                                   |  |
| PURPOSE OF MEMBERS (Reasons for 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"/> or Mortgage <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"/><br>Direct Bank Deposits <input type="checkbox"/>  |  |   |  |  |                                   |  |
| <b>PLEASE NOTE THAT DUAL MEMBERSHIP WOCAN ONLY BE GRANTED WITH PRIOR APPROVAL OF YOUR CREDIT UNION</b>   |  |   |  |  |                                   |  |
| Are you a Member of another Credit Union in Barbados? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |  |                                   |  |
| Payroll deduction (if you are employed by a participating employer, please complete a <b>SALARY DEDUCTION FORM</b> )   |  |   |  |  |                                   |  |



# United Enterprise Credit Union Limited

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

## JOINT ACCOUNT APPLICANT FORM

### SECTION E: MARKETING

Do you have any Children?  Yes  No

If yes, what 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  Webpage  Promotion/Presentation  Other : \_\_\_\_\_

UECUL Member: \_\_\_\_\_ UECUL Staff: \_\_\_\_\_

**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: \_\_\_\_\_

### FACTCA DELCARATION

|   |  |
|---|--|
| Are you or were you a U.S citizen (including dual citizenship)  | <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 have a U.S. mailing address  | <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 |
| Were you born in the United States or a U.S territory   | <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. phone number   | <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 |

### 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 \_\_\_\_\_

## JOINT ACCOUNT APPLICANT FORM

### SECTION A: CO - APPLICANT PERSONAL INFORMATION

|  |                                    |                                       |                                      |   |                             |  |  |
|--|------------------------------------|---------------------------------------|--------------------------------------|---|-----------------------------|--|--|
| MARITAL STATUS:  | Single<br><input type="checkbox"/> | Married<br><input type="checkbox"/>   | Divorced<br><input type="checkbox"/> | Other                                   | SPOUSE NAME:(IF APPLICABLE) |  |  |
| NAME: MR <input type="checkbox"/> MRS <input type="checkbox"/> MR <input type="checkbox"/> |                                    | LAST NAME:                            |                                      |   |                             |  |  |
| MIDDLE NAME:   |                                    |                                       | FIRST 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:                                |                             |  |  |
| PERMANENT ADDRESS: (STREET/ AVEUNE)  |                                    |                                       |                                      |   |                             |  |  |
| CITY/ TOWN:  |                                    |                                       | PARISH/ STATE:                       |   |                             |  |  |
| COUNTRY:   |                                    |                                       | ZIP/POSTAL CODE:                     |   |                             |  |  |
| EMAIL ADDRESS:   |                                    |                                       |                                      |   |                             |  |  |
| NATIONALITY:   |                                    |                                       | DUAL NATIONALITY:                    |   |                             |  |  |
| COUNTRIES OF DUAL NATIONALITY:   |                                    |                                       |                                      |   |                             |  |  |
| TELEPHONE:   | HOME:                              |                                       |                                      | CELL:                                   |                             |  |  |
| CURRENT ADDRESS:   |                                    |                                       |                                      |   |                             |  |  |
| FORMER ADDRESS (IF LESS THAN 1 YEAR):  |                                    |                                       |                                      |   |                             |  |  |
| TYPE OF PROOF OF ADDRESS PRESENTED:  |                                    | Utility Bill <input type="checkbox"/> |                                      | Bank Statement <input type="checkbox"/> |                             | Credit Card Statement <input type="checkbox"/> |  |
| MAILING ADDRESS (if different from permanent address):                                     |                                    |                                       |                                      |   |                             |  |  |
| CITY/TOWN:   |                                    |                                       | PARISH/STATE:                        |   |                             |  |  |
| ZIP/ POSTAL CODE:  |                                    |                                       | COUNTRY:                             |   |                             |  |  |

### POLITICAL AFFILIATION INDIVIDUALS (PEP)

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: \_\_\_\_\_

| NAME OF PERSONAL BANK | BANK BRANCH | BANK ACCOUNT NUMBER |
|-----------------------|-------------|---------------------|
|                       |             |                     |

### SECTION B: CO - APPLICANT EMPLOYMENT INFORMATION

|   |  |                                    |   |                                 |  |                                     |  |  |
|---|--|------------------------------------|---|---------------------------------|--|-------------------------------------|--|--|
| NAME OF EMPLOYER/UNIVERSITY:                  |  |                                    |   |                                 |  |                                     |  |  |
| ADDRESS OF EMPLOYER/ UNIVERSITY               |  |                                    |   |                                 |  |                                     |  |  |
| IF SELF EMPLOYED, STATE NAME OF THE BUSINESS: |  |                                    |   |                                 |  |                                     |  |  |
| BUSINESS ADDRESS (If self-employed):          |  |                                    |   |                                 |  |                                     |  |  |
| NATURE/ TYPE OF BUSINESS                      |  |                                    |   | OCCUPATION:                     |  |                                     |  |  |
| 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"/>       |  |
|   | 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"/> |                                 |  |                                     |  |  |
| PHONE:  | Work:  | EXT:                               | How long with company                   |                                 |  |                                     |  |  |

### SECTION D: MEMBER SERVICES

|  |  |  |  |                                  |  |  |  |                                 |  |
|--|--|--|--|----------------------------------|--|--|--|---------------------------------|--|
| PURPOSE OF MEMBERS (Reasons for opening Account): Loans <input type="checkbox"/>   |  |  |  | Savings <input type="checkbox"/> |  | Salary Deposits <input type="checkbox"/> |  | Other: <input type="checkbox"/> |  |
| I would like to save \$_____ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>  |  |  |  |                                  | Do you have currently a Car Loan <input type="checkbox"/> or Mortgage <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"/>  |  |  |  |                                  |  |  |  |                                 |  |

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



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### SECTION E: MARKETING

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 becoming a member (s) of the Credit Union?  Yes  No

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

Newspaper Ad  Social media  Radio  Webpage  Promotion/Presentation  Other : \_\_\_\_\_

UECUL Member: \_\_\_\_\_ UECUL Staff: \_\_\_\_\_

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

If yes, please state the name of the Credit Union: \_\_\_\_\_

### FACTCA DELCARATION

|   |  |
|---|--|
| Are you or were you a U.S citizen (including dual citizenship)  | <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 have a U.S. mailing address  | <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 |
| Were you born in the United States or a U.S territory   | <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. phone number   | <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 |

### 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 \_\_\_\_\_

### SECTION E: SIGNATURES

**Print Name of Primary Applicant:**

**Signature Name of Primary Applicant:**

**Date(mm/dd/yy):**

**Print Name of Co-applicant:**

**Signature of Co-applicant:**

**Date(mm/dd/yy):**

### FOR OFFICIAL USE ONLY

#### ENTRANCE FEE NON-REFUNDABLE

| ENTRANCE FEE (\$10.00)   | QUALIFYING SHARES (\$50.00)   | DEPOSITS \$                  |   |
|--|---|------------------------------|---|
| PAID <input type="checkbox"/> OUTSTANDING <input type="checkbox"/> | PAID <input type="checkbox"/> OUTSTANDING <input type="checkbox"/>                        | \$                           |   |
| <b>OTHER PRODUCTS PROPOSED</b>                                     |   |                              |   |
| <b>PROOF OF ADDRESS</b>  | YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> | <b>TWO VALID PICTURE IDS</b> | YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> |
| <b>STAFF MEMBER PROCESSING SIGNATURE</b>                           |   | <b>Date(mm/dd/yy):</b>       |   |
| <b>MANAGEMENT PROCESSING SIGNATURE</b>                             |   | <b>Date(mm/dd/yy):</b>       |   |
| <b>APPROVED BY THE BOARD OF DIRECTORS (SIGNATURE)</b>              |   | <b>Date(mm/dd/yy):</b>       |   |