

APPLICANTION DATE: JOINT ACCOUNT NO:															
TYPE OF ACCOUNT: ☐ JOINT "OR" (ANY ONE OF THE PARTIES TO THE JOINT ACCOUNT MAY AUTHORIZE TRANSACTIONS) ☐ JOINT "AND" (BOTH PARTIES TO THE JOINT ACCOUNT MUST AUTHORIZE ALL TRANSACTIONS)															
		Si	ECTI	ON A: P	RIM	ARY ACC	COUNT	T HOLDER	PERSO	NAL INI	FORMATI	ON			
MARITAL STATUS	: S	ingle \square]	Married		Divorce	d 🗆	Other		SPO	OUSE NAME	E:(IF APPLICABL	E)		
NAME: MR □ MR	S□ MR□		LAS	T NAME:						'					
MIDDLE NAME:		'					FIRS	T NAME:							
ALIAS IF ANY:							DATE	OF BIRTH	(MM/DD/YE	AR):					
NATIONAL REGIST	RATION No:	:					ISSU	JE DATE:				EXPIRES:			
PASSPORT No:							ISSU	JE DATE:				EXPIRES:			
Driver's License N	lo:						ISSU	JE DATE:				EXPIRES:			
PERMANENT ADD	RESS: (ST	REET/ A	AVEU	NE)											
CITY/ TOWN:				·			PAR	ISH/ STATE	:						
COUNTRY:							ZIP	/POSTAL C	ODE:						
EMAIL ADDRESS:															
NATIONALITY:							DUA	AL NATION	ALITY:						
COUNTRIES OF D	UAL NATI	ONALIT'	Y:												
TELEPHONE:	HOME:						CEL	L:							
CURRENT ADDRE	SS:														
FORMER ADDRES	S (IF LESS	5 THAN	1 YE	AR):											
TYPE OF PROOF OF				Utilit	/ Bill			Ва	nk Staten	nent 🗆		Credit Ca	rd State	ement 🗆	
MAILING ADDRES address):	SS (if diffe	rent fro	m pe	rmanent											
CITY/TOWN:									H/STATE:						
ZIP/ POSTAL COD	E:							COUN	TRY:						
POLITICAL AFFILIATION INDIVIDUALS (PEP)															
DO YOU HAVE AN Yes □ No □ If yes, please pro												State Officia	als)		
Yes □ No □ If yes, please pro	vide detai						ED PEF	RSONS (PE	P)? (Gov	ernment		State Officia	als)		
Yes □ No □	vide detai	ils of pe		H POLITI	CALL		ED PEF		P)? (Gov	ernment	:/Military/S	State Officia T NUMBER	als)		
Yes □ No □ If yes, please pro Name:	vide detai	ils of pe		H POLITI	CALL	Y EXPOSI	ED PEF	RSONS (PE	P)? (Gov	ernment	:/Military/S		als)		
Yes □ No □ If yes, please pro Name:	vide detai	ils of pe	rson	H POLITI	CALL K BR	Y EXPOSI	ED PEF	RSONS (PE	P)? (Gov	BANK	:/Military/S	 T NUMBER	als)		
Yes □ No □ If yes, please pro Name:	ovide detai	ils of pe	rson	H POLITI	CALL K BR	Y EXPOSI	ED PEF	RSONS (PE	P)? (Gov	BANK	Military/S	 T NUMBER	als)		
Yes □ No □ If yes, please pro Name: NAME OF PERSO NAME OF EMPLOY ADDRESS OF EMPL	ONAL BAN YER/UNIVE	SEC ERSITY:	rson CTIO	BAN N B: PR	CALL K BR	Y EXPOSI	ED PEF	RSONS (PE	P)? (Gov	BANK	Military/S	 T NUMBER	als)		
Yes No If yes, please pro Name: NAME OF PERSO NAME OF EMPLOY	ONAL BAN YER/UNIVE	SEC ERSITY:	rson CTIO	BAN N B: PR	CALL K BR	Y EXPOSI	ED PEF	RSONS (PE	P)? (Gov	BANK	Military/S	 T NUMBER	als)		
Yes □ No □ If yes, please pro Name: NAME OF PERSO NAME OF EMPLOY ADDRESS OF EMPL IF SELF EMPLOYED	ONAL BAN YER/UNIVE OYER/ UN	SEC ERSITY: IVERSIT	TIO Y	BAN N B: PR	CALL K BR	Y EXPOSI	ED PEF	RSONS (PE	P)? (Gov	BANK	Military/S	 T NUMBER	als)		
Yes ☐ No ☐ If yes, please pro Name: NAME OF PERSO NAME OF EMPLOY ADDRESS OF EMPL IF SELF EMPLOYED BUSINESS:	ONAL BAN YER/UNIVE OYER/ UN O, STATE N	SEC ERSITY: IVERSIT IAME OF	TIO Y	BAN N B: PR	CALL K BR	Y EXPOSI	ED PEF	RSONS (PE	P)? (Gov	BANK MENT II	Military/S	 T NUMBER	als)		
NAME OF EMPLOY ADDRESS OF EMPLOY IF SELF EMPLOYED BUSINESS ADDRESS	ONAL BAN YER/UNIVE OYER/ UN O, STATE N	SEC ERSITY: IVERSIT JAME OF employe	rson Y THE	BAN N B: PR	K BR	Y EXPOSI	Relat	RSONS (PE	P)? (Gov	BANK MENT II	(ACCOUN'	 T NUMBER		RETIRED □	
Yes No If yes, please pro Name: NAME OF PERSON NAME OF EMPLOY ADDRESS OF EMPL IF SELF EMPLOYED BUSINESS: BUSINESS ADDRES NATURE/ TYPE OF EMPLOYMENT	ONAL BAN VER/UNIVE OYER/ UN O, STATE N OS (If self- BUSINESS	SECENT CONTROL	TEN	BAN B: PR	K BR	Y EXPOSI	Relat	RSONS (PE	EMPLOYN	BANK MENT II	(ACCOUNTA	T NUMBER		RETIRED	
Yes No If yes, please pro Name:	ONAL BAN YER/UNIVE OYER/ UN O, STATE N OS (If self- BUSINESS PERMANI STUDEN' Weekly Less th	SECENSITY: IVERSIT IAME OF EMPloye SENT ENT B	Y TEN TEN TO THE	BAN N B: PR MPORARY nthly	K BR	Y EXPOSI	Relate NUNT I	RSONS (PE	EMPLOYN ASUAL ct	BANK MENT II OCCU SEAS	(ACCOUNTA	T NUMBER TION UNEMPLO	YED 🗆	RETIRED - 8,000 -	
Yes No If yes, please provided in yes, please yes, ple	ONAL BAN YER/UNIVE OYER/ UN O, STATE N OS (If self- BUSINESS PERMANI STUDEN' Weekly Less th	SECENSITY: IVERSIT IAME OF EMPLOYEE B An \$2,0	Y TEN TEN TO THE	BAN N B: PR MPORARY nthly	K BR	SELF-EN	Relate NUNT I	RSONS (PE	EMPLOYN ASUAL ct	BANK MENT II OCCU SEAS	CACCOUNT NFORMAT	T NUMBER TION UNEMPLO	YED 🗆		
Yes No If yes, please provided in yes, please yes, ple	DNAL BAN YER/UNIVE OYER/ UN O, STATE N SS (If self- BUSINESS PERMANI STUDEN Weekly Less th \$8,001	SECENSITY: IVERSIT IAME OF EMPLOYEE B An \$2,0	Y TEN TEN TO THE	BAN N B: PR MPORARY nthly	K BR	SELF-EN onthly \$2,001 - \$10,000	Relate MPLOYE Joon mo	RSONS (PE	ASUAL ct s4,	BANK MENT II OCCU SEAS 001 — 6	CACCOUNT NFORMAT	T NUMBER TION UNEMPLO	YED 🗆		
Yes No If yes, please provided in yes, please yes, ple	ONAL BAN VER/UNIVE OYER/ UN O, STATE N ES (If self- BUSINESS PERMANI STUDEN' Weekly Less the \$8,001 Work:	SECENSITY: IVERSIT IVE	THE i-Mo	BAN N B: PR MPORARY nthly	K BR	SELF-EN onthly \$2,001 - \$10,000	Relate MPLOYE Joon or mo	RSONS (PE	ASUAL ct s4,	BANK MENT II OCCU SEAS 001 — 6	CACCOUNT NFORMAT	T NUMBER TION UNEMPLO	YED 🗆		
Yes No If yes, please provided in yes, please yes, ple	ONAL BANGER/UNIVELOYER/ UNDO, STATE NOON, STATE NOON, STUDENT Weekly Less the \$8,001 Work:	SECENSITY: IVERSIT IVE	THE i-Moo I	BAN N B: PR MPORARY nthly EX	K BR	SELF-EN onthly \$2,001 - \$10,000	MPLOYED OF MODERN COMMENT	RSONS (PE	ASUAL tt s4, long with ERVICES	BANK MENT II OCCU SEAS 001 — 6 compan	CACCOUNT NFORMAT PATION: SONAL 6,000 Deposits	T NUMBER TION UNEMPLO	YED □ 5,001 −	8,000 □	
Yes No If yes, please provided in yes, please provided	DNAL BAN YER/UNIVE OYER/ UN O, STATE N OS (If self- BUSINESS PERMANI STUDEN' Weekly Less the \$8,001 Work:	SECENTY: IVERSIT IAME OF EMPLOYEE B An \$2,0 - 10,0	TEN THE for a	BAN N B: PR MPORARY nthly EX ppening	K BR IMA M Acc	SELF-EN onthly \$2,001 - \$10,000 SECTIO ount): Lo	MPLOYED OF MODERN CONTROL OF THE CON	RSONS (PE	ASUAL the state of the state	BANK MENT II OCCU SEAS 001 — (compan Salary urrently	CACCOUNT NFORMAT PATION: SONAL 6,000 Deposits	T NUMBER TION UNEMPLO \$6	YED □ 5,001 −	8,000 □	
Yes No If yes, please provided in yes, please provided	ONAL BAN VER/UNIVE OYER/ UN O, STATE N OS (If self- BUSINESS PERMANI STUDENT Weekly Less the \$8,001 Work: VER/UNIVE VER/UNIV	SECENSITY: IVERSIT IVE	TEP TO THE I MODELLE I MO	BAN N B: PR MPORARY nthly EX ppening Accoun	K BR IMA M T: CALL	SELF-EN onthly \$2,001 - \$10,000 SECTIO ount): Lo	MPLOYED A GOVERN THE DIRECT THE D	RSONS (PE	ASUAL tt style="background-color: lighter;" style: lighter;" style="background-color: lighter;" style="background-color: lighter;" style="background-color: lighter;" style="background-color: lighter;" style="background-color: lighter;" style: lighter;" style: lighter; sty	BANK OCCU SEAS O01 — 6 compan Salary urrently Payroll	CACCOUNT NFORMAT IPATION: CONAL Deposits a Car Loa Deduction	T NUMBER TION UNEMPLO \$6	YED	8,000 🗆	



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 UNIO	N							
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)	□ 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							
FOR OVERSEAS APPLICANTS ONLY								
NOTARIAL CERTIFICATE:								
I , Notary Public in and for the Country/State/Province/County ofdo l	nereby 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 thisday of20								
PLACE NOTARIAL STAMP HERE								
Notary Public in and for the Country/State/Province/County of								



		SF	CTION A: C	O - AP	PI TCANT	PERSO	NAI TN	IFOR	MATION					
MARITAL STATUS: Single Mar				Othe					AME:(if appli	CABLE)				
				54.75			0.00	o =						
NAME: MR □ MR	S D MR D	LAST	NAME:											
MIDDLE NAME:	FIRST N	AME:												
ALIAS IF ANY:					DATE OF	BIRTH (MM/DD/YEA	AR):						
NATIONAL REGISTE	RATION No:				Issue D	ate:			I	Ex	pires:			
PASSPORT No:	PASSPORT No:						Issue Date:			Ex	pires:			
Driver's License No:						ate:				Ex	pires:			
PERMANENT ADD	RESS: (STREE	ET/ AVEUNE)											
CITY/ TOWN:	<u> </u>				PARISH	/ STATE:								
COUNTRY:					ZIP/PO									
EMAIL ADDRESS:														
NATIONALITY:					DUAL N	IATION	ALITY:							
COUNTRIES OF D	UAL NATIONA	ALITY:												
TELEPHONE:	HOME:				CELL:									
CURRENT ADDRE					CEEE.									
FORMER ADDRES		IAN 1 VEAD	١.											
	•					Dan	l. Chaham			Cuad	:	estament 🗆		
TYPE OF PROOF OF			Utility Bill			Bank Statement □					Credit Card Statement □			
MAILING ADDRES	S (if different	from perman	ent address):											
CITY/TOWN:						PARISH/STATE:								
ZIP/ POSTAL COD	E:					COUNT	RY:							
			POLITIC	AL AFF	ILIATION	N INDI	VIDUAL	.S (P	EP)					
DO YOU HAVE AN Yes \(\square\) No \(\square\) If yes, please pro			OLITICALLY	EXPOSE	D PERSOI	NS (PEP	')? (Gov	ernm	ent/Military/	State Off	icials)			
Name:					Relations	ship:								
NAME OF PERSO	ONAL BANK		BANK BRA	NCH					ANK ACCOU	NT NUMB	ER			
		SEC.	TION B: CO	- APP	LICANT E	MPLO	YMENT	INFO	RMATION					
NAME OF EMPLOY	ER/UNIVERS	ITY:												
ADDRESS OF EMPL	OYER/ UNIVE	RSITY												
IF SELF EMPLOYED BUSINESS:), STATE NAM	E OF THE												
BUSINESS ADDRES	SS (If self-emp	loyed):												
NATURE/ TYPE OF	BUSINESS							0	CCUPATION:					
EMPLOYMENT STATUS:	PERMANENT STUDENT	☐ TEMPO	RARY 🗆 🤱	SELF-EM	POLYED [] CA	SUAL 🗆	SE	ASONAL 🗆	UNEMP	LYED 🗆	RETIRED □		
SALARY MODE:	Weekly □	Bi-Month	nly □ Mon	thly 🗆	Job/Co	ontract	: 🗆							
SALARY/WAGE APPROIMATE:	Less than 2,000 □ 2,001 − 4,000 □ 4,001 − 6,000 □ 6,001 − 8,000 □ 8,001 − 10,000 □ 10,000 or more □													
PHONE:	Work:		EXT:			How I	ong with	com	pany					
			SI	CTION	D: MEM	BER SI	RVICE	S						
PURPOSE OF MEM	1BERS (Reaso	ns for open	ing Account)	: Loans	□ Sa	vings [] Sa	lary [Deposits 🗆		Other:			
I would like to sa	ve \$	Wee	kly □ Mo	nthly \Box	ı	Do yo	u have c	urrer	ntly a Car Lo	an 🗆 o	r Mortgag	e 🗆		
I would like to pay into the credit union Account via: Cash over the counter Payroll Deduction Direct Bank Deposits														
Payro	Payroll deduction (if you are employed by a participating employer, please complete a SALARY DEDUCTION FORM)													



		SECTION E:	MARKETI	ING					
Do you have any Children? ☐ Yes ☐ No									
If YES, what is/are the ages of your dependents?									
If YES, would you be interested in y	our depend	dents becoming a memb	er (s) of t	he Credit Unio	n? □ Y	′es □ No			
How did you find out about United	Enterprise (Credit Union Limited (UE	CUL)?						
Newspaper Ad □ Social media □	Radio □	l Webpage □ Pr	omotion/F	Presentation [☐ Other □]:			
UECUL Member:		UECUL	Staff:						
PLEASE NOTE THAT DUAL MEMB	ERSHIP C	AN ONLY BE GRANTED	WITH P	RIOR APPRO	VAL OF YO	OUR CREDIT UNIO	NC		
Are you a Member of another Credi	Union in E	Barbados? □ Yes □ No	0						
If yes, please state the name of the	Credit Uni								
		FACTCA DEI	LCARATIO	ON					
Are you or were you a U.S citizen (including dual citizenship)									
Are you or were you ever a lawful perma	anent resider	nt of the U.S (Green Cardho	older)				☐ 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	2 days a year	r					☐ 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 tra	nsfer funds t	o an account maintained in	the U.S.				□ Yes □ No		
Do you have effective Power of Attorney	or Signature	e Authority granted to a per	rson with a	U.S. address?			□ Yes □ No		
NOTARIAL CERTIFICATE:		FOR OVERSEAS A	PPLICAN	TS ONLY					
I ,									
Notary Public in and for the Country/Sta	te/Province/0	County ofSECTION E: S							
Print Name of Primary Applican	t:	SECTION E.	JIGNATO						
Signature Name of Primary App	licant:			Date(mm/de	d/yy):				
Print Name of Co-applicant:				I	ı				
Signature of Co-applicant:				Date(mm/de	d/yy):				
		FOR OFFICIA	AL USE O	NLY					
ENTRANCE FEE NON-REFUNDABLE									
ENTRANCE FEE (\$10.00) QUALIFYING SHARES (\$50.00) DEPOSITS \$							\$		
PAID □ OUTSTANDING		PAID □ OUT	STANDIN	G 🗆	\$				
OTHER PRODUCTS PROPOSED									
PROOF OF ADDRESS	YES 🗆 I	NO D PENDING D	TWO VA	LID PICTUR	E IDS	YES NO	PENDING		
STAFF MEMBER PROCESSING SIGNATURE			D	Date(mm/dd/y	y):				
MANAGEMENT PROCESSING SIGNATURE				Date(mm/dd/y	y):				
APPROVED BY THE BOARD OF DIRECTORS (SIGNATURE) Date(mm/dd/yy):									