

ANTILLES EMPLOYEES' CREDIT UNION  
(CO-OPERATIVE) SOCIETY LTD.



APPLICATION FOR MEMBERSHIP

(PLEASE TYPE OR COMPLETE IN BLOCK LETTERS)

Surname: \_\_\_\_\_ Mr ☐ Mrs ☐ Ms ☐

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) Place of Birth: \_\_\_\_\_ Gender: M ☐ F ☐

ID Card No: \_\_\_\_\_ Driver's Permit: \_\_\_\_\_ Passport: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Divorced ☐ Common Law ☐ Separated ☐

If Male: Wife's Maiden Name: \_\_\_\_\_

If Female: Husband's Full Name: \_\_\_\_\_

Which of the following comes closest to your Monthly Income

☐ Under \$5,000 per mth

☐ \$5,001- \$10,000 per mth

☐ \$10,001-\$20,000 per mth

☐ \$20,001- \$30,000 per mth

☐ \$30,001- \$50,000 per mth

☐ \$50,001- \$75,000 per mth

☐ Over \$75,001 per mth

Highest completed level of Education

☐ Primary

☐ Secondary

☐ Vocational

☐ Tertiary

Are You A Politically Exposed Person? Yes ☐ No ☐ Reason for Membership: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Status: ☐Permanent ☐Temporary ☐Contract ☐Self Employed Length of Service \_\_\_\_\_

How Paid: ☐Monthly ☐Fortnightly ☐Weekly ☐Other \_\_\_\_\_

RECOMMENDED BY (NAME) \_\_\_\_\_ Signature: \_\_\_\_\_

Account No: \_\_\_\_\_ Phone No: \_\_\_\_\_ ID/DP/PP \_\_\_\_\_

Recommender must be a member of Antilles Employees' Credit Union (Co-operative) Society Limited in good standing.

NOMINATION/BENEFICIARY

NAME	RELATIONSHIP	ADDRESS	ID

APPLICANT'S DECLARATION:

I hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform to the Rules and Amendments thereof.

SIGNATURE OF APPLICANT

DATE



FOR CREDIT UNION OFFICE USE ONLY

Account No. Assigned \_\_\_\_\_

Date Joined: \_\_\_\_\_

Company \_\_\_\_\_

Group No. \_\_\_\_\_

Payment Received \$ \_\_\_\_\_

Passbook\$ \_\_\_\_\_

Shares\$ \_\_\_\_\_

Entered Member's Register \_\_\_\_\_ (MSR Signature & Date)

**Compliance Department**

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| • Referred Against UN1267 List:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Referred Against other lists:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Utility Bill/Proof of Address: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Evidence of Employment:        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Identification:                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Background Checks Undertaken:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Recommended ☐

Not Recommended ☐

Pending ☐

Reasons for Not Recommending \_\_\_\_\_

\_\_\_\_\_  
Compliance Officer

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

This application was approved and entered in the minutes at a meeting of the Board of directors held on \_\_\_\_/\_\_\_\_/\_\_\_\_

President \_\_\_\_\_

Secretary \_\_\_\_\_