



MEMBERSHIP APPLICATION FORM

Bruce Street, St. George's Canal Road, Grenville Church Street, Hillsborough
 Membership Application Information

| 1. Applicant's Personal Information | | |
|---|---|--|
| A/C No: | Date: | Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. |
| Last Name: | Middle Initials: | First Name: |
| Maiden Name : | | Alias: |
| Birth Date: | Age: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common Law | | |
| Mobile Phone: | Home Phone: | Work Phone: |
| Email Address: | | |
| 2. Addresses | | |
| Residential Address | Mailing Address | |
| Address 1: | Address 1: | |
| Address 2: | Address 2: | |
| City: | City: | |
| State/ Province/Parish/Region: | State/Province/Parish/Region: | |
| Zip/Postal Code: | Zip/Postal Code: | |
| Country: | Country: | |
| 3. Residential Information | | |
| Length of Time at Present Address : | | |
| Type of Dwelling: <input type="checkbox"/> House <input type="checkbox"/> Apartment | Living Arrangements: <input type="checkbox"/> With Parents <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | |
| If less than 3 years at present address , please indicate previous address: | | |
| 4. Citizenship Status : (verification information may be required) | | |
| Citizen By: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization <input type="checkbox"/> Descent <input type="checkbox"/> CSME | | |
| Country Birth: | Nationality: | |
| Country of Residence: | Dual Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | Country: |
| a. National Identification Card | | |
| Country of Issue: | NID No.: | Date Issued: |
| b. Passport | | |
| Country of Issue: | Passport No: | Expiry Date: |
| c. Drivers' License | | |
| Country of Issue: | Drivers Licence No | Expiry Date: |
| d. National Insurance Card | | |
| Country of Issue: | NI No.: | Date Issued: |
| e. Voters Registration Card | | |
| Country of Issue: | VR No. | Date Issued: |
| 5. Current Employment Information (If retired please specify) –If self-employed, see # 11 Retired <input type="checkbox"/> | | |
| Employer Name: | Work Address | |
| Company Name: | Address 1: | |
| Min./ Div./Unit: | Address 2: | |
| Phone No: | City: | |
| Email Address: | State/Province/Parish/Region: | |
| Employment Length: | Zip/Postal Code: | |
| Employment Status: | Country: | |
| Present Position: | | |
| 6. Financial Information | | |
| a. Annual Salary: <input type="checkbox"/> Under \$14K <input type="checkbox"/> \$15K-\$30K <input type="checkbox"/> \$31K-\$48K <input type="checkbox"/> \$49K-\$60K <input type="checkbox"/> \$61K-\$108K <input type="checkbox"/> Over \$108K | | |
| b. Expected monthly value of deposits \$ _____ | c. Expected monthly value of withdrawals \$ _____ | |
| d. Expected monthly number of deposits <input type="checkbox"/> Under 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> over 50 | e. Expected monthly number of withdrawals <input type="checkbox"/> Under 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> over 50 | |
| f. Methods for conducting business at the Credit Union: <input type="checkbox"/> Branches <input type="checkbox"/> ATM <input type="checkbox"/> Mobile & Online <input type="checkbox"/> Salary Deduction/Assignment | | |
| 7. Previous Employment Information (If at current employment less than 3 years | | |
| Employer Name: | Work Address | |
| Company Name: | Address 1: | |
| Min./ Div./Unit: | Address 2: | |
| Phone No.: | City: | |
| Employment Length: | State/Province/Parish/Region: | |
| Employment Status: | Zip/Postal Code: | |
| Position: | Country: | |
| 8. Spouse Information | | |
| Account No.: | Joined: | |
| Last Name: | Middle Initials: | First Name: |
| Birth Date: | Age: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Employer Name: | Phone No. | |
| Annual Salary: <input type="checkbox"/> Under \$14K <input type="checkbox"/> \$15K-\$30K <input type="checkbox"/> \$31K-\$48K <input type="checkbox"/> \$49K-\$60K <input type="checkbox"/> \$61K-\$108K <input type="checkbox"/> Over \$108K | | |
| 9. Relative Contact Information | | |
| Last Name: | Middle Initials: | First Name: |
| Birth Date: | Age: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Mobile No. | Work No. | Home No. |
| Email Address: | | |

| 10. Dependents Information | | | |
|--|--|---|--------------|
| No. of Dependents: | | | |
| First Name | Last Name | Age | Relationship |
| | | | |
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| 11. Self- Employed Applicants | | | |
| Nature of Business: | | | |
| Name of Business: | | | |
| Business Address: | | | |
| Vat ID. No.: | | | |
| Remarks: | | | |
| 12. Business Transactions | | | |
| a. Expected monthly value of deposits \$ _____ | | b. Expected monthly value of withdrawals \$ _____ | |
| c. Expected monthly number of deposits <input type="checkbox"/> Under 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> over 50 | | d. Expected monthly number of withdrawals <input type="checkbox"/> Under 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> over 50 | |
| e. Methods for conducting business at the Credit Union: <input type="checkbox"/> Branches <input type="checkbox"/> ATM <input type="checkbox"/> Mobile & Online <input type="checkbox"/> Salary Deduction/Assignment | | | |
| 13. Financial Institution Reference Information | | | |
| 1. | Type of Account: <input type="checkbox"/> Saving <input type="checkbox"/> Checking | | |
| 2. | Type of Account: <input type="checkbox"/> Saving <input type="checkbox"/> Checking | | |
| 3. | Type of Account: <input type="checkbox"/> Saving <input type="checkbox"/> Checking | | |
| 14. How Did You Hear About Us? (Tick All that apply) | | | |
| <input type="checkbox"/> Radio Ads <input type="checkbox"/> Television Ads <input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Google Ads | | | |
| <input type="checkbox"/> Presentation <input type="checkbox"/> Ariza Member Referral (Name of Member _____) | | | |
| 15. Reason for choosing this Credit Union/Branch | | | |
| <input type="checkbox"/> Convenient location or ATM <input type="checkbox"/> Low/No fees <input type="checkbox"/> Rates <input type="checkbox"/> Service <input type="checkbox"/> Special Promotion <input type="checkbox"/> Past experience/reputation of the Credit Union <input type="checkbox"/> Recommendation from family/friend | | | |
| 16. If Ariza Special Promotion | | | |
| Name of Promotion: | | | |
| 17. For Politically Exposed Persons: Please fill out this section of this form if you or a family member* is a PEP ie Directors on State Boards, Magistrates, Politicians, Chief Justice, Commissioner/Acting Commissioner of Police, Senior members of a political party etc.*Family members include Spouses, children and siblings. | | | |
| Name of PEP: | | Country: | |
| Position and/or Duties: | | Years of Service: | |
| PEP Relationship with Potential Member: <input type="checkbox"/> Self <input type="checkbox"/> Family Member (Spouse/Child/Sibling) <input type="checkbox"/> Close Associate <input type="checkbox"/> Ultimate beneficial owner/shareholder/director/partner/authorized person | | | |
| 18. For Foreign Account Tax Compliance Act Due Diligence: A United States federal law requiring U.S Citizens & Residents (including those living outside the U.S.) to report themselves and their non-U.S. financial accounts annually to the Financial Crimes Enforcement Network (FINCEN), and requires all non-U.S. (foreign) financial institutions (FFI's) to search their records for suspected U.S. persons for reporting their assets and identities to the US Treasury. | | | |
| a. Are you a US National or holder of a Green Card for residency in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| b. If Yes, please provide your US Tax Identification No. (TIN) _____ And a copy of your US ID. | | | |
| c. Are you using a US Address on this file? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| d. Do you have a power of attorney or signatory granted to a person with a US address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| e. Have you provided standing instructions to transfer funds to an account maintained in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| f. Have you provided instructions to receive funds from a US address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 19. Declaration | | | |
| <p>The information provided by me on this form is true and correct to the best of my knowledge. I understand that any false or misleading information given by me in connection with my application for my membership with Ariza Credit Union may result in the termination of my membership, apart from any other legal sanctions that may apply. Acceptance of your membership is with the understanding that you will abide by the rules and bylaws of Ariza.</p> <p>I, the undersigned hereby apply for 10 (ten) Qualifying Shares and Equity Shares Ariza Credit Union. I agree to make regular monthly payments to my Lifetime Savings & Equity Share Accounts of \$ _____ & \$ _____ in accordance with, and be bound by the registered rules of the Credit Union.</p> <p>I further declare and confirm that the information given by me in this application for financial service(s) is true and correct and further confirm and declare that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft or any other Crimes or illicit activities. I am aware that I am required by the account agreement to deposit only funds obtained by legal means and to refrain from using the account for money laundering, criminal activities, specified</p> | | | |

offences or for furthering criminal purposes. I have not assumed the identity of any other person and the funds/deposits are beneficially owned by me and no one else.

Consent is hereby given to the credit union to disclose this application, any information contained in it, other related confidential information of mine and current and future deposits and other transactions of mine to Law Enforcement Agencies, Regulatory Authorities, other financial institutions or regulated persons. I promise to abide by the terms of the account(s) agreement and I consent to all enquiries Ariza Credit Union may make about me and to the retention of this application and all documents tendered by me in support of this application by the credit union.

| | |
|----------------------------------|----------------------|
| Signature of Perspective Member: | Date of Application: |
|----------------------------------|----------------------|

| | |
|-----------------------|----------------------|
| Signature of Officer: | Date of Application: |
|-----------------------|----------------------|

For Official Use Only

20. Documents Submitted:

a. Any TWO of the following IDs

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Valid Passport | <input type="checkbox"/> Voters' Registration Card | <input type="checkbox"/> Drivers' licence | <input type="checkbox"/> National Identification Card |
|---|--|---|---|

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|--|
| <input type="checkbox"/> National Insurance Card |
|--|

b. Any ONE of the Following: Proof of Address

| | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Official Correspondence with Residential Address |
|---------------------------------------|---|---|

c. Any ONE of the following: Proof of Employment

| | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Job Letter | <input type="checkbox"/> Salary Slip |
|-------------------------------------|--------------------------------------|

For Business Accounts

d. Any ONE of the following: Proof of Business Registration

| | |
|--|--|
| <input type="checkbox"/> Business Registration Documents | <input type="checkbox"/> Business Reference Letter |
|--|--|

Two of the following: Proof of Business operations

| | |
|---|---|
| <input type="checkbox"/> And financial records – audited or in-house statements | <input type="checkbox"/> official print out from bank with at least one year of business activity |
|---|---|

21. Financial Information

| | |
|-------------------------|------------------------|
| Initial Payments | Funds Allocation (XCD) |
| Entrance Fee | |
| Pass Book | |
| Equity Shares | |
| Lifetime Savings | |
| Transaction Savings | |
| Retirement Savings Plan | |
| Education Savings Plan | |
| Discount Card | |
| Term Deposit | |
| Total Received | |

22. Verification (for foreign applicants only)

Notary Public/Justice of the peace
Please place stamp in the space provided here →

| |
|---------------------------------|
| Signature of Receiving Officer |
| Signature of Compliance Officer |
| Date Admitted: |
| Account No. |

23. Approvals

| |
|------------------------------|
| Signature of General Manager |
| Signature of Secretary |
| Signature of President |