



Canal Road, Grenville

Bruce Street, St. George's

Church Street, Hillsborough

# MEMBERSHIP APPLICATION FORM

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"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> With _____	
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.:	Expiry Date:
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.	Expiry Date:
5. Current Employment Information (If retired please specify) –If self-employed, see # 10			
Employer Name:		Work Address	
Company Name:		Address 1:	

Min./ Div./Unit:	Address 2:
Phone No:	City:
Email Address:	State/Province/Parish/Region:
Employment Length: <span style="float: right;">Years</span>	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 5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> over 20	e. Expected monthly number of withdrawals <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> over 20
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	
g. Mode of Conducting Business at the Credit Union <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Wire Transfer	

**6. Previous Employment Information (If at current employment less than 3 years)**

Employer Name:	<b>Work Address</b>
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:

**7. 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		

**8. 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:		

**9. Dependents Information**

No. of Dependents:			
First Name	Last Name	Age	Relationship

**10. Self- Employed Applicants**

Nature of Business:
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Name of Business:
Business Address:
Vat ID. No.:
Remarks:

**11. Business Transactions**

a. Expected monthly value of deposits \$ _____	b. Expected monthly value of withdrawals \$ _____
c. Expected monthly number of deposits <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> over 20	d. Expected monthly number of withdrawals <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> over 20
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	

**12. 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

**13. How Did You Hear About Us? (Tick All that apply)**

Radio Ads    Television Ads    Facebook    Website    Google Ads

Presentation    Ariza Member Referral (Name of Member \_\_\_\_\_)

**14. Reason for choosing this Credit Union/Branch**

- Convenient location or ATM
- Low/No fees
- Rates
- Service
- Special Promotion
- Past experience/reputation of the Credit Union
- Recommendation from family/friend

**15. If Ariza Special Promotion**

Name of Promotion:

**16. 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:  Self    Family Member (Spouse/Child/Sibling)    Close Associate  
 Ultimate beneficial owner/shareholder/director/partner/authorized person

**17. 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

**18. General Information/Remarks**

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**19. General Information Disclaimer**

By entering into the membership agreement, you hereby give your express consent to ACU and its successors and assigns, and to any third party acting on behalf of any of them to contact you regarding your accounts and/or any other business relationship you have now or at any time in the future with ACU. This includes your consent for ACU to contact you by telephone or text message at any telephone number or numbers you provide to ACU or through electronic means, now or later for any purpose or that ACU obtains from any other source, all including (but not limited to) any telephone number assigned to a cellular telephone service or electronic messaging services. This consent applies even if ACU uses an automatic telephone dialing system or an artificial or pre-recorded voice to make the call or send the message. You promise to inform ACU in writing if any information provided in the membership application changes.

**20. Declaration**

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.

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.

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 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 Prospective Member:	Date of Application:
Signature of Officer:	Date of Application:

**For Official Use Only**

**21. Documents Submitted:**

**a. Any TWO of the following IDs**

- Valid Passport     
  Voters' Registration Card     
  Drivers' licence     
  National Identification Card  
 National Insurance Card

**b. Any ONE of the Following: Proof of Address**

- Utility Bill     
  Bank Statement     
  Official Correspondence with Residential Address

**c. Any ONE of the following: Proof of Employment**

- Job Letter     
  Salary Slip

**For Business Accounts**

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

- Business Registration Documents     
  Business Reference Letter

**Two of the following: Proof of Business operations**

- And financial records – audited or in-house statements     
  official print out from bank with at least one year of business activity

**22. Financial Information**

Initial Payments	Funds Allocation ( XCD)
Entrance Fee	
Pass Book	
Equity Shares	
Qualifying Shares	
Lifetime Savings	
Transaction Savings	
Retirement Savings Plan	
Education Savings Plan	
Discount Card	
Term Deposit	
<b>Total Received</b>	

**23. Verification (for foreign applicants only)**

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

**24. Approvals**

Signature of Receiving Officer	
Signature of Compliance Officer	
Date Admitted:	
Account No.	
Signature of MSR Supervisor	
Signature of Branch Manager	
Signature of Member Experience Executive	
Date	