



DENNERLY COMMUNITY CREDIT COOPERATIVE SOCIETY LTD
MEMBERSHIP APPLICATION FORM

INTERNAL USE

Type of account: ☐ New Account # _____ Application Date- _____

Opening Deposit _____ Permanent Share Amount _____ Entrance Fee _____

PERSONAL DETAILS

Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Other _____

First Name _____ Middle Name _____

Surname _____ Alias, if any _____

Date of Birth (dd/mm/yy) ____/____/____ ☐ Single ☐ Married ☐ Divorced ☐ Common Law

NIC/SS# _____ Identification: National ID ☐ Passport ☐ Drivers Lic ☐

ID# _____ PP# _____ D/L# _____

Issue date (dd/mm/yy) ____/____/____ Issue date (dd/mm/yy) ____/____/____

Expiry date (dd/mm/yy) ____/____/____ Expiry date (dd/mm/yy) ____/____/____

Country of Birth _____ Nationality _____

ADDRESS DETAILS

Residential

Mailing

Address line 1 _____

Address line 1 _____

Address line 2 _____

Address line 2 _____

Country _____

Country _____

Zip code _____

Zip code _____

CONTACT DETAILS

Home # _____ Work # _____ Mobile # _____

Email Address: _____

Do you have a regular automatic transfer set up to an account in the United States of America? Yes ☐ NO ☐

Are you a member of any other Credit Union(s)? Yes ☐ No ☐

If "yes" please state the name (s) _____



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OCCUPATION DETAILS *(if self-employed insert name and nature of business)*

Full time ☐ Part time ☐ Self-employed ☐

Name & Address of Employer **OR** Self-employment Description _____

Job Title _____ Industry Code: _____

Annual Income/Salary/Pension \$ _____

Source of Funds for continuous Funding of Account: Salary ☐ Business Operations ☐ Other _____

Payment Type: **Over the Counter** ☐ **Payroll** ☐ **Self-employment** ☐ **Other** _____

ACCOUNT PROFILE

Next of Kin: First Name _____ Surname _____

Relationship _____ Tel. Contact(s) _____

POLITICALLY EXPOSED PERSON (PEP) DECLARATION

Are you considered a Politically Exposed Person? ☐Yes ☐No

Do you currently hold, or have you previously held any of the positions listed below? ☐Yes ☐No

If yes, please check the appropriate box:

- | | |
|--|--|
| ☐ Head of State | ☐ Head of Government/Prime Minister |
| ☐ Minister | ☐ Parliamentary Secretary |
| ☐ Snr Member of Judicial System | ☐ Member of the Board of the Central Bank |
| ☐ Vice or Deputy Minister | ☐ Management/Supervisory body of a State-owned Enterprise |
| ☐ Member of Parliament | ☐ Ambassador/Attaché |
| ☐ Snr Member of the Military/Police | ☐ Other _____ |

(Politically Exposed Person (PEP) - a person who holds or has held significant public positions, along with their 'immediate family' i.e. parents, siblings, spouse, children, in-laws and close associates.

Are you a family member to anyone who holds one of the above positions? ☐Yes ☐No

If yes, please provide the name of the person and the position he/she holds or has held

How did you learn about our Credit Union? ☐ Telephone ☐ Tv Ad ☐ Radio Ad

☐ Social media ☐ Website ☐ Other *(please specify)*: _____



DENNERY COMMUNITY CREDIT COOPERATIVE SOCIETY LTD
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Name _____ Date _____ A/C# _____

Appointment of Nominee(s)/Beneficiary(ies)

I nominate the following individual(s) to receive the share, interest, or the value thereof held by me in the Dennergy Community Credit Co-operative Society Limited or its successor in title in the event of my death. The distribution should be made according to the specified proportions below:

Name _____

Date of Birth (dd/mm/yy)_____/_____/_____

Relationship _____

Tel Contact(s): _____

Address: _____

Proportion to be paid % _____

ID attached: ☐Yes ☐No

Name _____

Date of Birth (dd/mm/yy)_____/_____/_____

Relationship _____

Tel Contact(s): _____

Address: _____

Proportion to be paid % _____

ID attached: ☐Yes ☐No

Name _____

Date of Birth (dd/mm/yy)_____/_____/_____

Relationship _____

Tel Contact(s): _____

Address: _____

Proportion to be paid % _____

ID attached: ☐Yes ☐No

Name _____

Date of Birth (dd/mm/yy)_____/_____/_____

Relationship _____

Tel Contact(s): _____

Address: _____

Proportion to be paid % _____

ID attached: ☐Yes ☐No

I/we acknowledge that if any of my beneficiaries are 16 years or younger at the time of my death, the following measures must be taken:

☐ A trustee will be appointed to manage the funds on behalf of the underage beneficiary. The appointed trustee's name is _____ Tel Contact (s) _____

ID attached: ☐Yes ☐No

☐ Alternatively, the beneficiary must attain the age of 16 years before the Credit Union can release the funds to them.

Signature _____

Date_____/_____/_____



DENNERY COMMUNITY CREDIT CO-OPERATIVE SOCIETY LTD

MEMBERSHIP APPLICATION FORM

DECLARATION & AGREEMENT:

- A. I hereby apply for membership in the Dennery Community Credit Co-operative Society Ltd and agree to conform to the Byelaws there-of, and to the Co-operatives Act and Rules and any amendments thereof.
- B. I/We hereby declare that the information provided is true, complete and correct and understand the following:
1. That Dennery Community Credit Co-operative Society Ltd (DECOS) may share my/our information with credit reference agencies and other companies for use in credit decisions, for fraud prevention, audit, debit collection and statistical analysis.
 2. I/we understand that DECOS is obligated to submit all current and historical data, including but not limited to, account information in my name (address, identification number, account information of beneficiaries, holders of Powers of Attorneys for the account, balances and composition of assets held in the account) to the relevant competent Tax authorities in compliance with all laws including, but not limited to the U.S. Foreign Account Tax Compliance Act (FATCA), Multilateral Agreements regarding Automatic Exchange of Financial Information (AEOI) and other related legislation, to reduce global tax evasion.
 3. The DECOS may also obtain information about me/us from other organizations to ensure that the information I/we have provided is accurate. These other organizations include but are not limited to government departments, other local authorities, and private sector organizations such as banks and other organizations that may lend me/us money.
 4. If I/we give information that is incorrect or incomplete the DECOS may take the necessary action against me/us, including court action.
 5. I/We agree to you sharing information with me/us on your products and services, as well as other promotions by post, telephone, email and SMS including other social media. Please indicate your preference.
 - Facebook ☐ Other ☐ Post ☐ phone ☐ email ☐ SMS ☐
 6. That I/we may request information held with your institution at any time and agree to pay the fee associated with such request.
 7. That further information on how my/our information is used, how my information is held securely or protected at your institution, that I may contact your offices or visit your website for such information.
 8. The funds deposited are beneficially owned by me and no one else. I am aware by the Account Agreement to deposit only valid items into my account and to refrain from using the account for Money Laundering, Terrorist Financing, any other criminal activity, specified offences or for furthering criminal purposes or conducts. I confirm that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft, or any other criminal or illicit activities.
 9. I/we further understand that DECOS is governed by the MLPA Cap. 12.20 of St. Lucia and is legally required to, including but not limited to, report any suspicious activity observed to the Financial Intelligence Authority of St. Lucia or other relevant governmental agencies that may exist from time to time.

Member's Signature _____ Date _____

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Created by: (Name) _____ Signature _____

General Manager: _____ Signature _____

Level of overall AML/CFT/CPF Risk - (To be completed by Compliance Department) ☐ Low ☐ Medium ☐ High ☐ Prohibited

Approval: Given for and on behalf of Compliance Department:

Signature

Date

Approval: Secretary _____

Date