



# National Farmers & General Workers Co-operative Credit Union Society Ltd

## MEMBERSHIP APPLICATION - INDIVIDUALS

Account #: \_\_\_\_\_

Account Type:  Individual  Authorized Member  Update of Existing Information

I Hereby make an application for membership of the National Farmers & General Workers Cooperative Credit Union Society Ltd and agree to conform to the By- Laws of the Credit Union and to the Co-operative Societies' Act and Rules.

**I am an existing member of the following Co-operative Society(ies):**

(1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

<b>PRIMARY MEMBER</b>				
First Name:	Middle Name:	Last Name:	Marital Status:	
Country of Birth: _____			Date of Birth: _____/_____/_____ Year    Month    Day	
Citizenship/Nationality: _____				
Residential Address:			Email Address:	
Mailing Address:			Telephone Contact #:	
Photo ID Type:	NIS/SSN#:	ID#:	LIC#:	PP#:
Employer:			Occupation:	
How will the Account be serviced: (monthly deductions/over the counter etc.)			Expected monthly activity to the Account: (\$)	
<b>AUTHORIZED SIGNATORY</b> (Authorization must be given to this signatory for <u>every</u> transaction request, accompanied by proper identification for both parties)				
First Name:	Middle Name:	Last Name:	Marital Status:	
Country of Birth: _____			Date of Birth: _____/_____/_____ Year    Month    Day	
Citizenship/Nationality: _____				
Residential Address:			Email Address:	
Mailing Address:			Telephone Contact #:	
Photo ID Type:	NIS/SSN#:	ID#:	LIC#:	PP#:
Employer:			Occupation:	

### **MEMBER DECLARATION - POLITICALLY EXPOSED PERSON STATUS (PEP)**

Politically Exposed Person (PEP) - a natural person who is or has been entrusted with a public prominent function in a state and their 'immediate family' i.e. parents, siblings, spouse, children and in-laws as well as 'close associates' including:

**Are you a PEP? (if yes, tick as appropriate)**

Yes       No

<input type="checkbox"/> Head of state	<input type="checkbox"/> Head of government/Prime minister
<input type="checkbox"/> Minister	<input type="checkbox"/> Parliamentary Secretary
<input type="checkbox"/> Snr Member of Judicial System	<input type="checkbox"/> Member of the board of the Central bank
<input type="checkbox"/> Vice or Deputy Minister	<input type="checkbox"/> Management/supervisory body of a State-owned Enterprise
<input type="checkbox"/> Member of Parliament	<input type="checkbox"/> Ambassador
<input type="checkbox"/> Snr Member of the Military/Police	<input type="checkbox"/> Other _____

I am an immediate family of a PEP who is a \_\_\_\_\_

### **CERTIFICATION**

*I/We hereby certify that the statements and information on this application form are true and correct to the best of my knowledge, information and belief, and I authorize the National Farmers & General Workers Co-operative Credit Union Society Ltd. (NFGWCCU) to investigate all statements or other information contained in this application form. I/we further understand that NFGWCCU 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 agency that may exist from time to time.*

**Member's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **APPOINTMENT OF BENEFICIARY(IES)**

I hereby nominate the following person(s) as my beneficiary:

<b>BENEFICIARY(IES) INFORMATION</b>					
Name	Address	Tel Contact	Date of Birth	Relationship	Portion Shares %

**Signature of Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attesting Witness (1):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attesting Witness (2):** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

Website  Other (please specify): \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

The following KYM documents have been verified and retained, in compliance with the AML policy of NFGWCCU

**Primary Member**

- Confirmation of Address (e.g. Utility Bill)
- Driver's License
- National ID card
- Passport
- Other

**Authorized Signatory (if any)**

- Confirmation of Address (e.g. Utility Bill)
- Driver's License
- National ID card
- Passport
- Other

Name (Member Service Representative)	Signature:	Date:
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**Level of overall AML Risk** (To be completed by the AML Officer)

Low

Medium

High

**Approved by Compliance** \_\_\_\_\_

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

**Approved by General Manager** \_\_\_\_\_

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

**Approved by Secretary of Board of Directors** \_\_\_\_\_

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