PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

P. O. BOX N-1986, NASSAU, BAHAMAS; TELE: (242) 323-6594 (NASSAU), (242) 351-7129 (FREEPORT)

JUNIOR MEMBERSHIP APPLICATION FORM

Date _____ Membership Account # _____ Gender _____

First Name _____ Middle Name _____ Last Name _____

NIB# _____ Passport # _____ Mother's Maiden Name _____

Member's Residential Address: _____

City/Settlement _____ Country of Residence _____ Nationality _____

Date of Birth: Month _____ Day _____ Year _____ Place of Birth _____

Email Address _____

PARENT/GUARDIAN INFORMATION

Membership Account # _____ Print Name _____ Relationship to minor _____

Address (If different from Minor): _____

Telephone (H) _____ (W) _____ (C) _____

Place of Employment: _____ Occupation: _____

Potential activity with PWCCUL for Minor: Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐

Range of Deposits: $1.00-$5,000 ☐ $5,001-$10,000 ☐ $10,001-$15,000 ☐ $15,001+ ☐

Source(s) of income: _____ Source of wealth: _____

OPERATION OF MINOR ACCOUNTS

I understand that:

- The funds on this account are the sole property of the above-named minor and I undertake in transacting on behalf of the minor to apply such funds for their sole benefit.
- The minor may withdraw funds, subject to the withdrawal form being co-signed by me as parent/guardian, who is opening this account with and/or on behalf of the minor.
- This authorization is allowed only up the minor's 15th birthday, after which time the minor will have sole authority to access funds from this account. All other authorizations will be discontinued.
- The provisions of this mandate do not prevent the credit union from refusing to proceed with a transaction, where there is a reasonable legal or financial reason to do so.

DECLARATION

I hereby give authority to Public Workers' Co-operative Credit Union Limited to obtain independent verification of the above information, and to examine each such documents or other evidence reasonably capable of providing such verification. I also agree to adhere to the rules set out for the members of the PWCCUL.

Please attach copies of your Passport and National Insurance Card to verify Number, Country of Issue, Issue and Expired Dates and to show Signature and Photograph.

DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCY FOR TAX PURPOSES

Please select either (a) or (b) or (c) and complete as appropriate

(a) ☐ I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes (green cardholder or resident under the substantial presence test) and my U.S. tax Identification Number (U.S. Tin) is as follows: _____ and my IRS W-9 or W-8 Form is attached.

(b) ☐ I confirm that I was born in the U.S. (or in a U.S. territory) but I am no longer a U.S. Citizen as I have voluntarily surrendered my citizenship; and my U.S. Certificate of Loss of Nationality is attached.

(c) ☐ I confirm that **I am not** a U.S. Citizen or resident in the U.S. for tax purposes.

DECLARATION OF TAX RESIDENCY (OTHER THAN THE U.S.)

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I hereby confirm that I am for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country). Please Indicate "not applicable" if a jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. In that event, please specify the reason for the non-availability of a tax reference number.

Country/Countries of Tax Residence	Tax Refernece Number Type	Tax Reference Number

I hereby make application for membership in the above-named Credit Union and agree to comply with the Bye-Laws of the Credit Union, the decisions and orders of the General Meeting, the directors and the properly authorized officers of the Credit Union and admit liability to an obligations, penalties and conditions prescribed in the Bye-Laws.

As a member of the above-named Co-operative Credit Union, I do hereby nominate the following as the only person or persons to or amongst whom shall be transferred my property in the Public Workers' Co-operative Credit Union Limited, whether in shares, loans, deposits or otherwise at my death in such proportions as is set forth below:

I name the following as nominee(s) to my account. I am aware that I may change my nomination at any time by completing the appropriate change of nominee form.

Name	Relationship & Age	Address and Phone Contact	Proportion

_____ _____

Signature of Parent/Guardian Date

Are you related to any member of Staff, Board of Directors or Committee Members of PWCCU?

Are you a Politically Exposed Person (PEP)? Yes ☐ No ☐ If Yes Explain: _____

Are you a member of another credit union? Yes ☐ No ☐ (If yes, which credit union?) _____

Purpose of joining PWCCU _____

How did you hear about us? ☐ Facebook ☐ TikTok ☐ Instagram ☐ Television ☐ Newspaper

☐ Family/Friend: _____ Account # _____

For Credit Union Use Only

At Board Meeting held on _____ 20_____, application was ( ) approved ( ) rejected.

_____ _____

Chairman Secretary

Member number assigned_____ Supervisor: _____

Credit Union Representative _____ Opening Balance _____

Activity Risk Rating: **High Risk** ☐ **Medium Risk** ☐ **Low Risk** ☐

Compliance Officer: _____