PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

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

MEMBERSHIP APPLICATION FORM

Date _____ Membership Account # _____ (Mr., Miss, Ms., Mrs., Dr.) _____

First Name_____Middle Name_____ Last Name _____

NIB# _____ Marital Status _____ Mother's Maiden Name _____

Member's Residential Address: _____

City/Settlement _____ P.O. Box _____ Country of Residence _____

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

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

Email Address _____

Nationality _____ Passport #_____ Driver's License # _____

Place of Employment: _____ Occupation: _____

Potential activity with PWCCUL: 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: _____

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.)

(Complete this section only if you have (a) non-U.S. tax residency/ies).

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 Residency	Tax Refernece Number type	Tax Reference Number

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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 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 ☐ Flyer

☐ 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: _____

PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

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SPECIMEN SIGNATURE CARD – PERSONAL

SAVINGS/DEPOSIT ACCOUNT

Account Number……..

Date Account opened…….

Surname (Mr./Mrs./Miss)* ……

Full First Names ……

Occupation, Profession or Title ……

Specimen Signature

……

……

……

Introduction……

Man …… Held Dated ……

Overseas Other Bankers …… Authenticated by……

PLEASE TURN OVER

Address ……

……

……

Telephone No ……

A Minor. YES/NO ……

If a Minor
Date of Birth……

MARRIED WOMEN PLEASE COMPLETE

……

Husband's Name ……

……

PLEASE INFORM THE CREDIT UNION OF ANY CHANGES

Form P (Family History)

(This form must be updated every five years)

(11) FAMILY HISTORY

Please Record Name, Residence and Business Address and Telephone Numbers.

Member's Name: _____ **A/C#** _____

Address: _____ **Tel:** _____

Employer _____ **Tel#** _____

Spouse Name: _____

Address: _____ **Tel:** _____

Employer _____ **Tel#** _____

Father's Name: _____

Address _____

Employer _____ **Tel:** _____

Mother's Name: _____

Address: _____ **Tel:** _____

Employer _____ **Tel#** _____

Brother's/Sister Name _____

Address: _____ **Tel:** _____

Employer _____ **Tel#** _____

Children 18 years & over _____

Address: _____ **Tel:** _____

Employer _____ **Tel#** _____

Close Friend or Associate _____

Address _____ **Tel:** _____

Employer _____ **Tel#** _____

Member's Residential Address (Directions to Home)

_____

_____

_____

……. …….

Loan Officer Signature Member Signature

Date of Update_____

Notes:

_____

_____

UPDATED …… Loan Officer Signature …….

…… ……