



INDIVIDUAL MEMBERSHIP UPDATE FORM

For Official Use Only

BRANCH: HO OO SO

Account No.:

MICR No.:

ATM Ref No.:

How did you hear about AffinityPlus Credit Union Limited?

Newspaper Radio Webpage Relative Friend Promotion/Presentation

PRIMARY HOLDER PERSONAL INFORMATION (Two forms of valid picture identification required e.g National ID, Passport, Drivers License)

Marital Status: Single Married Divorced Separated Widowed

Legal Last Name: Middle Name(s):

Legal First Name: Suffix (Dr., Prof., Rev., etc.):

Date of Birth: (dd/mm/yyyy) Male Female

Personal Net Worth \$ Nationality: Country of Residence:

REQUIRED IDENTIFICATION No individual can be named on this account in any capacity without having provided two (2) of the following current forms of Identification. AffinityPlus reserves to right to request additional identification.

Barbados ID Card No.: Issue Date (dd/mm/yyyy): Expires:

Drivers License No.: Issue Date (dd/mm/yyyy): Expires:

Passport No.: Issue Date (dd/mm/yyyy): Expires:

Other: Issue Date (dd/mm/yyyy): Expires:

Please note that evidence of permanent address is required e.g account statement, utility bill, etc. Evidence must have been mailed within three (3) months.

Permanent Address: City/Town:

State: Country: Zip /Postal Code:

No. of Years at above address: If less than two(2) years, state address below

Previous Address: City/Town:

State: Country: Zip /Postal Code:

Telephone No.(s):Home: Work:

Mobile No.(s): Email Address:

Previous Address (If less than two years at the above):

City/Town: State:

Zip /Postal Code: Country:

EMPLOYMENT INFORMATION (If self-employed a certificate of Incorporation/Registration or equivalent is required)

Employment Status: Permanent Temporary Unemployed Self Employed Retired Student

Name & Address of: Employer School

Occupation:

If self employed, please state Business Name:

Nature of the Business:

Address of Business:

Registration No: No. of Years in Business: No of Employees

Salary/Wages Frequency: Weekly Monthly Semi Monthly Contract Total Salary/Wages:.....

Total Salary/Wages: \$250- \$500 \$501 - \$1000 \$1001 - \$2000 \$2001 - \$3000 \$3001 - \$5000 Over \$5000

Estimated Net Worth: \$..... Source of Wealth: Salary Investments Inheritance Other

EMERGENCY CONTACT

Relationship: Name:

Residential Address:

City: State:

Telephone (Day): Telephone (Evening):

Email Address:

ACCOUNTS & SERVICES

Purpose of Account (Reason for opening account): Loan Savings Salary Dep. Other:

Services Requested: Smart Card Smart Voice SmartNet RRSP Group Health Other

ANTI MONEY LAUNDERING DISCLOSURE

Anti-Money Laundering legislation requires that we, (AffinityPlus) verify the source of funds before accepting deposits in excess of US equivalent \$5,000.00 regardless of the currency.

We, (AffinityPlus) are also required to obtain from each new applicant a disclosure of the amount and frequency of funds to be deposited.

Source of funds (Salary, Business, etc.):

Average Deposit:..... Frequency: Monthly Weekly Daily

DECLARATION DUAL MEMBERSHIP

Do you currently belong to another Credit Union in Barbados? Yes No

If yes, please state the name of the Credit Union:

Please note that your membership to AffinityPlus Credit Union will be pending, subject to the receipt of written approval from the Credit Union stated above.

I am aware that final membership is subject to the approval of the Secretary of the Board of Directors and that any monies paid to AffinityPlus with my application will be refunded if my application is not approved. The facts herein stated are true to the best of my knowledge, information and belief. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to or obtaining further information from any other financial or other institution.

I agree to conform to the BY-Laws, The Co-operative Societies Act and the Regulations and any amendments thereof, and to confirm that I have read and understand the terms and conditions of coverage.

EARLY CLOSURE FEE: understand that I will have to pay an administrative fee of \$20, if this account is closed within 90 days of the date below.

Signature of Member :

Date(dd/mm/yyyy) :

FOR OVERSEAS APPLICANTS ONLY

NOTARIAL CERTIFICATE:

I, Notary Public in and for the Country/State/Province/County of
.....do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who
identified his/her self to be the within named the executing party to the foregoing written documents who did in my presence duly sign, seal
and deliver the same as and for his/her free voluntary act and deed. Given under my hand and seal this day of
..... the year

..... Notary Public in and for the Country/State/Province/County of

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Signature of MER verifying information : Teller Code..... Date (dd/mm/yyyy) :

Signature of MER scanned information : Teller Code..... Date (dd/mm/yyyy) :

Comments

POLITICALLY EXPOSED PERSONS (PEP) QUESTIONNAIRE

A PEP is a natural person who holds or has held an important public office in any country, such as head of state, Member of Parliament, Senior Government Official, Heads of Regulatory bodies, Senior Officials of Regulatory bodies, Senior Officials of National Corporations, Judicial or Military Officials, Senior Executive of publically owned Corporations and Important political party officials. Immediate family members (spouse, children and their spouses, parents) and known close associates as well.

PEP DETAILS

1. Do you hold or have held a prominent public function? Yes No

If you answered YES to 1 above:	Name of position:
	Name of organisation:
	Number of years in position:

If you answered **NO** to 1 above, please complete question 2 below

2. Do you have an immediate family member who holds or has held a prominent public position? Yes No

If you answered YES to 2 above:	What is your relationship to the family member:
	Name of position held:

If you answered **NO** to 2 above, please complete question 3 below

3. Do you have a business associate or close friend/relative who holds or has held a prominent public position?
 Yes No

If you answered YES to 3 above:	Name of position:
	Name of organisation:

If you answered **NO** to 3 above, please complete question 4 below

4. Do you hold or have held a prominent position within an international organisation? Yes No

If you answered YES to 4 above:	Name of position:
	Name of organisation:

DECLARATION: I declare and confirm that the facts herein stated are true to the best of my knowledge, information and belief. I hereby consent to the Credit Union verifying and disclosing this information or any other financial information to or obtaining further information from any other financial or other institution. I agree to conform to the By-Laws of this Credit Union. I declare that **I am/am not a citizen or resident of the United States of America**. I agree to inform the Credit Union if the status of any of the information I have provided in this Declaration Form changes within 90 days of the end of the calendar year after the change takes place. The facts herein stated in this Declaration Form are true to the best of my knowledge, information and belief. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to the Internal Revenue of the USA or a local competent authority authorised by them. I agree to satisfy the requirements of the Foreign Account Tax Compliance Act (FATCA) so far as they relate to me.

APPLICANT

Account Number		ID:
Name of Applicant		
Signature of Applicant		Date:

Affinity Plus Credit Union Ltd.

Walcott Brooks Building, Fairchild Street, Bridgetown BB11015; Southern Plaza, Oistins, Christ Church; Northern Business Centre, Church Street, Speightstown, St Peter.

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