



U.W.I. (CAVE HILL) CO-OPERATIVE CREDIT UNION LIMITED
P.O. BOX 64, BRIDGETOWN BB11000, BARBADOS

MEMBERSHIP APPLICATION FORM

I _____
(Title) (First Name) (Middle Name) (Surname)

-BLOCK LETTERS-

hereby make application for membership with the
U.W.I. (Cave Hill) Co-operative Credit Union Limited

I already belong to the following Co-operative Societies:-

Date of Birth _____ National Registration No. _____
Month\day\year

Nationality _____ Country of Birth _____

Gender ☐ M ☐ F Minor ☐ Yes ☐ No
(Under the age of 16)

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Permanent Address _____

Mailing Address _____
(If different from permanent address)

Contact No. _____ (h) _____ (c) _____ (w)

Email address _____ Is statement to be emailed? ☐ Yes ☐ No

Employer _____
(Name and address)

Occupation _____

Next of Kin _____
(Name) (Nature of Relationship)

National Registration No. _____

Address _____

Contact No. _____ (h) _____ (c) _____ (w)

Email address _____

Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No
(If yes, please select the appropriate box(es) and indicate briefly next to the box why you are a PEP in the space provided on page 2, e.g. name of employer or occupation, name and relation of relative who is a PEP):

() Employment _____
() Family relation _____
() Association (professional or social) _____
() Other _____

Account Purpose: () Savings () Loans
Main source of funds: () Salary () Pension () Self Employed
() Other (specify) _____

Annual Income _____ Expected Average Monthly Deposit _____

Are you a former member of this Credit Union? () Yes () No

If yes, please state account number _____

Is the Account to be a Joint Account? () Yes () No

If yes, please note that an additional form has to be completed as a part of this application along with the additional information to be completed below.

Joint Holder(s) personal information

Joint Account Holder _____
(Title) (First Name) (Middle Name) (Surname)
-BLOCK LETTERS-

Date of Birth _____ National Registration No. _____
Month\day\year

Nationality _____ Country of Birth _____

Gender () M () F Minor () Yes () No
(Under the age of 16)

Permanent Address _____

Mailing Address _____
(If different from permanent address)

Contact No. _____ (h) _____ (c) _____ (w)

Email address _____ Email statement Yes () No ()

Employer _____
(Name and address)

Occupation _____

Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

(If yes, please select the appropriate box(es) and indicate briefly next to the box why you are a PEP in the space provided on page 2, e.g. name of employer or occupation, name and relation of relative who is a PEP):

☐ Employment _____

☐ Family relation _____

☐ Association (professional or social) _____

☐ Other _____

Account Purpose: ☐ Savings ☐ Loans

Main source of funds: ☐ Salary ☐ Pension ☐ Self Employed

☐ Other (specify) _____

Annual Income _____ Expected Average Monthly Deposit _____

Are you a former member of this Credit Union? ☐ Yes ☐ No

If yes, please state account number _____

Is the Account to be a Joint Account? ☐ Yes ☐ No

If yes, please note that an additional form has to be completed as a part of this application along with the additional information to be completed below.

DECLARATION

I/We declare that I/we am not a member of another Credit Union, or that if I am/we are I/we have declared this fact above.

I/We agree to conform to the Bylaws thereof, and to the Co-operative Societies Act and Rules and any amendments thereof.

I/We agree that if there are any changes to the information above (legal name, PEP status, mailing address, etc.), I/we will notify the Credit Union at my/our earliest convenience.

Signature _____ Date _____

Signature _____ Date _____

(Joint account holder if applicable)

Signature _____ Date _____

(Joint account holder if applicable)

Attesting Witness 1. _____ Date _____

Attesting Witness 2. _____ Date _____

I/We became aware of the Credit Union Via: () Friend () Family () Co-worker () Presentation () Flyer
() Credit Union staff member () Cell Leader () Other _____

Name of person making referral _____

**PLEASE NOTE THAT THIS MEMBERSHIP APPLICATION IS SUBJECT TO THE APPROVAL
OF THE BOARD OF DIRECTORS OF THE UWI (CAVE HILL) CO-OPERATIVE CREDIT
UNION LIMITED.**

FOR OFFICIAL USE ONLY

Type of Identification provided _____

Qualification for membership _____

Proof of address: () Utility Bill () Bank Statement () Other _____

Proof of Income: () Payslip () Job Letter

Application processed by: _____ Date _____

Dual membership () Approved () Rejected () N/a Date _____

Approved by the Board of Directors Date _____

Enrolled as a Member Date _____

Entrance Fee of \$..... Paid Date _____

Account number of new member _____ Secretary _____