

(ALL DATES TO BE WRITTEN IN THE FORMAT DD/MM/YY)

FORM #: GCU-1B (REV 07/17)

Member #:

PERSONAL INFORMATION

Name:		Gender:	Place of Birth:
Date of Birth:	Nationality:	Resident: <input type="checkbox"/> Non-Resident: <input type="checkbox"/>	Country(ies) of Citizenship:
Phone: (H) (C)	Email:	No. of Dependents:	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/>	(Please tick one)		
Current Address			Proof of address submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Directions:			
Mailing Address (if different from above)			Initial deposit: \$
National Identification: Copies attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's Permit: Copies attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Passport No: Copies attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Birth Certificate Pin No: Copies attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of any other Credit Union? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Credit Union:	No <input type="checkbox"/>	Member No:
Are you serving on a Credit Union Board of Directors? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Board:		
How did you hear about this Credit Union? Media: <input type="checkbox"/>	Credit Union Open House <input type="checkbox"/>	Social Media: <input type="checkbox"/>	
Recommender: (Name)	Address:	Phone:	

UNDER 16 YEARS

Age:	School Name & Address:
Parent/Guardian Name & Address:	
Contact Info:	

EMPLOYMENT INFORMATION & SOURCE OF FUNDS

Current Employer:			
Employer address:	Date of Employment:		
Phone:	Position:	Earnings per month: \$	SOURCE OF FUNDS/FUNDING
PURPOSE AND INTENDED NATURE OF ACCOUNT:		Employment evidence submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	

(PLEASE TICK ACCORDINGLY): SPOUSE / REFERENCE INFORMATION

Name:	Phone:	
NOMINEE OF BENEFICIARY CERTIFICATE		BENEFICIAL OWNER(S)
Name (1):	Name (2):	Who will ultimately own/control this a/c?
Address:	Address:	Self <input type="checkbox"/> Other <input type="checkbox"/>
ID/DP/PP/:	DOB:	If OTHER please provide name(s) and relationship below - Separate KYC needed
Relation:	Contact:	

POLITICALLY EXPOSED PERSONS (FINANCIAL OBLIGATION REGULATION)

Have you been or ever was entrusted with a local/foreign public function? Yes No Are you an immediate relative or close associate of a PEP? Yes No

Examples of Public Functions Include: Head of State/Government, Senior Government Official, Senior Politician, Senior Executive of State-owned corporations, Military Official, Judicial Official, Senior Political Party Officials, Senior Members of the Legislature, Senior Official of an International Organization.

If Yes, state Position: Political Party/Public Office: Value of Total Assets:

DECLARATION

I hereby apply for membership at Guaymay Energy Alliance Credit Union Co-operative Society Limited. Once admitted, I agree to conform to the by-laws and/or amendments thereof of this Society. Also, I certify that the above information given is true and correct.

Signature of applicant: Date:

COMPLIANCE (FOR OFFICIAL USE ONLY)

Applicant enlisted on UN 2253:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant enlisted on UN Cons. Sanction List:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant enlisted on NCCT List:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant enlisted on T&T List of Consolidated Court Orders	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	

APPROVAL (FOR OFFICIAL USE ONLY)

Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
President:	Secretary:

Membership approval is not guaranteed but based on the discretion of the Board of Directors. In the event that an application is denied all deposits less the application fee will be reimbursed.