



MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

NAME _____
TITLE FIRST NAME MIDDLE NAME SURNAME

DATE OF BIRTH _____
(DD-MMMM-YYYY) COUNTRY OF BIRTH COUNTRY OF RESIDENCE NATIONALITY

OTHER _____
GENDER MARITAL STATUS

ARE YOU A CITIZEN / GREEN CARD HOLDER OF ANOTHER COUNTRY? YES NO

COUNTRY IDTYPE ID NUMBER

ADDRESS

RESIDENTIAL _____ MAILING _____

CONTACT INFORMATION

CELL HOME WORK EMAIL ADDRESS

IDENTIFICATION

PRIMARY _____ **SECONDARY** _____
ID TYPE ID NUMBER EXPIRY DATE ID TYPE ID NUMBER EXPIRY DATE

EMPLOYMENT INFORMATION

EMPLOYER ADDRESS

WORK NO. FAX NO. EMAIL ADDRESS

LENGTH OF EMPLOYMENT: _____ OCCUPATION: _____

EMPLOYMENT TYPE: Full time Part time Seasonal N/A Estimated no. of Monthly transactions: _____

SALARY: _____ Monthly Fort-Nightly Weekly N/A Estimated value of Monthly transactions: _____

SELF EMPLOYED PERSONS ONLY

NATURE OF BUSINESS: _____ START DATE: _____

ADDRESS _____ TELEPHONE NO. _____

INITIAL PAYMENTS

REQUIRED _____ **OPTIONAL** _____

Registration Fee: _____ Death Benefit Fund: _____ Ordinary Deposit: _____

Qualifying Shares: _____ Social Development Fund: _____ Fixed Deposit: _____

Equity Shares: _____

Regular Share Savings: _____ **TOTAL SUM ENCLOSED:** _____

CERTIFICATE OF NOMINEE

In the event of death, I hereby nominate the following person (s) to receive any monies accrued to me in the society.

NOMINEE #1	FIRST NAME		MIDDLE NAME	SURNAME	
ADDRESS	CELL			BIRTHDATE	GENDER
	HOME			ID TYPE	ID NUMBER
	WORK			ID EXP. DATE	
	OTHER			RELATION	PERCENT
	EMAIL				

NOMINEE #2	FIRST NAME		MIDDLE NAME	SURNAME	
ADDRESS	CELL			BIRTHDATE	GENDER
	HOME			ID TYPE	ID NUMBER
	WORK			ID EXP. DATE	
	OTHER			RELATION	PERCENT
	EMAIL				

NOMINEE #3	FIRST NAME		MIDDLE NAME	SURNAME	
ADDRESS	CELL			BIRTHDATE	GENDER
	HOME			ID TYPE	ID NUMBER
	WORK			ID EXP. DATE	
	OTHER			RELATION	PERCENT
	EMAIL				

NOMINEE #4	FIRST NAME		MIDDLE NAME	SURNAME	
ADDRESS	CELL			BIRTHDATE	GENDER
	HOME			ID TYPE	ID NUMBER
	WORK			ID EXP. DATE	
	OTHER			RELATION	PERCENT
	EMAIL				

NOMINEE #5	FIRST NAME		MIDDLE NAME	SURNAME	
ADDRESS	CELL			BIRTHDATE	GENDER
	HOME			ID TYPE	ID NUMBER
	WORK			ID EXP. DATE	
	OTHER			RELATION	PERCENT
	EMAIL				

NOMINEE #6	FIRST NAME		MIDDLE NAME	SURNAME	
ADDRESS	CELL			BIRTHDATE	GENDER
	HOME			ID TYPE	ID NUMBER
	WORK			ID EXP. DATE	
	OTHER			RELATION	PERCENT
	EMAIL				

TOTAL %

POLITICALLY EXPOSED PERSONS

Are you entrusted or have been entrusted with a prominent public function in St. Vincent & the Grenadines or any foreign country?

	YES	NO
<p>(a) Senior executive of a state-owned Corporation?</p> <p>The Chairman, Deputy Chairman, Director, President or Vice President of the Board of Directors; Managing Director, Chief Executive Officer, Comptroller, Secretary, Treasurer; Any other person who performs corporate functions similar to those normally performed by the holder of any of the offices specified and who is duly appointed to perform those functions; An Ambassador, Charges D’Affaires, Consular, High Commissioner; A member of the Board of Directors of a Central Bank;</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(b) Senior Government Official?</p> <p>A Permanent Secretary or high ranking civil servant; A Police Officer of a gazetted rank inclusive of an Inspector of Police and higher rank; A person who holds office in the executive, legislative, administrative, judiciary, military and law enforcement agencies of government;</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(c) Senior Politician?</p> <p>A person elected to office in the Parliament of St. Vincent and the Grenadines or any foreign country; A person appointed to serve as a Senator in the Parliament of St. Vincent and the Grenadines or any foreign country; A person who is a prominent political party official;</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(d) International Organization?</p> <p>A Director or Deputy Director; A member of the Board or governing body of an international organization; A member of Senior Management;</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(e) Immediate family member?</p> <p>Immediate family member of a person mentioned in sections (b) to (d) meaning: spouse, spouse’s parents and siblings, partner, parents, siblings, children and their spouses or partners, grandparents and grandchildren;</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(f) Close Associate?</p> <p>Any individual known by the credit union to be a personal or professional associate of the persons mentioned in sections (b) to (e)</p>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SERVICES

Will you like to sign up for any of the following services?

- GECCUMED
- GECCU LINK 24 ATM

DECLARATION

I _____ declare and confirm that the information provided on this membership application form is true and correct to the best of my knowledge and belief.
I hereby undertake to abide by the statutory provisions and Bye-Laws governing the operations of the General Employees Co-Operative Credit Union Limited (GECCU LTD).

WITNESSED BY

DATE

ENTRY SURVEY

In order to better serve you and future members, we will appreciate if you can answer the following questions.

How did you become aware of GECCU? _____

What is your preferred source of information? _____

FOR OFFICE USE ONLY

ACCOUNT NUMBER

DATE

APPROVED BY