

**MARIGOT CO-OPERATIVE CREDIT UNION LIMITED
BUSINESS APPLICATION FORM**

ACCOUNT STATUS: New Updated

BUSINESS CONTACT INFORMATION			
Name of Registered Company		Account #	Brief Description of Business
Date Business Commenced		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone			
Fax			
E-mail			
Company Registration #			
Address of Registered Company			

BENEFICIAL OWNER INFORMATION			
Name of Beneficial Owner		Name of Banker (s)	
Address of Beneficial Owner		Source of Income	
Phone		Source of Wealth	
Fax		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
E-mail			
Date of Birth <input type="checkbox"/>		Expected Activity on Account	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Identification Type			
Identification No.			

(a) Politically Exposed Person (PEP) Declaration
 The Proceeds of Crime S.R.O. 10/2014 of the Commonwealth of Dominica requires financial institutions to identify customers who are politically exposed. A PEP is considered as an individual who now holds, or has at any time in the past held, one or more of the following offices or positions:
 A senior official in the executive, Legislative, Administrative, Military or Judicial branches of a local or foreign government, Senior official of a major local or foreign political party, any corporation, business or other entity formed by or for the benefit of a senior political figure and includes the following family member of such an individual: a spouse or common-law partner, a child, parents, a close associate, in-laws and siblings.

(b) Do you hold, or have you held a senior government, political, or military position? Yes No
 Complete the section below if you have selected yes, please indicate the following position currently hold or held in the past:

(1) Police Commissioner	(2) Deputy Police Commissioner	(3) Embassy officials
(4) Head of state	(5) Village Council Chairman	(6) Member of Parliament
(7) Minister of Government	(8) Permanent Secretary	(9) Senior Member of the Judiciary
(10) Senior Official of a political party	(11) Senior Executive of a statutory board	

(c)

PEP Table

Position No.	Country in which position is/was held	From: (MMMM/DD/YYYY)	To: (MMMM/DD/YYYY)
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-----	-----	-----	-----
-----	-----	-----	-----

(d) Are any of the shareholders a Politically Exposed Person (or relative thereof)? Yes No

If "Yes" please outline the number relating to section (b) above:

Shareholder (a) ----- Shareholder (b) -----

Shareholder (c) ----- Shareholder (d) -----

Complete this section if any shareholder answered "No" to Section (d) above:

- 1) Is any of the shareholder connected to one or more individuals who hold or have held a senior government, political or military position? Yes No
- 2) If you answered "Yes" to Section (d) (1) above, please complete section (3) below:
- 3) Please indicate your relationship(s) to the politically exposed person(s). Choose the applicable number in the boxes below.

Shareholder (a) ----- Shareholder (b) -----

Shareholder (c) ----- Shareholder (d) -----

- (1) Spouse, (2) Aunt, (3) Uncle, (4) Brother in-law, (5) Sister in-law, (6) Business partner/Associate, (7) Child, (8) Close Associate, (9) Grandparent, (10) Parent, (11) Sibling,

Are you an American Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes complete W9 form			
Indicate USA Status	Green Card	Passport	US Address	Wire to USA	US Telephone	Standing Order

SHAREHOLDER INFORMATION

Shareholder Name			Phone			
Date of Birth			Fax			
Occupation			E-mail			
Address			% of shares			
Are you an American Citizen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes complete W9 form		
Indicate USA Status	Green Card	Passport	US Address	Wire to USA	US Telephone	Standing Order

Shareholder Name				Phone		
Date of Birth				Fax		
Occupation				E-mail		
Address				% of shares		
Are you an American Citizen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes complete W9 form		
Indicate USA Status	Green Card	Passport	US Address	Wire to USA	US Telephone	Standing Order
Shareholder Name				Phone		
Date of Birth				Fax		
Occupation				E-mail		
Address				% of shares		
Are you an American Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes complete W9 form			
Indicate USA Status	Green Card	Passport	US Address	Wire to USA	US Telephone	Standing Order
Shareholder Name				Phone		
Date of Birth				Fax		
Occupation				E-mail		
Address				% of shares		
Are you an American Citizen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Indicate USA Status	Green Card	Passport	US Address	Wire to USA	US Telephone	Standing Order

I HEREBY MAKE APPLICATION FOR BUSINESS ACCOUNT MEMBERSHIP AND AGREE TO CONFORM TO THE BYE-LAWS OR ANY AMENDMENTS THERE-OF IN THE MARIGOT CO-OPERATIVE CREDIT UNION LIMITED.

SIGNATURES AND APPROVAL STATUS			
Beneficial Owner Signature			
Name and Title		Application Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date			
		Application Denied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shareholder Signature			
Name and Title		Reason(s) for denial	
Date			
		Supervisor Signature	
Shareholder Signature		Name and Title	
Name and Title			
Date		Witness Signature	
		Name and Title	
Shareholder Signature			
Name and Title		Authorizing Officer Signature	
Date		Name and Title	
Shareholder Signature			
Name and Title		Authorizing Officer Signature	
Date		Name and Title	

Risk Rating: Low Medium High

The following information is Private and Confidential and can only be used by the Marigot Co-operative Credit Union.

DOCUMENTS NOTARIZED / NOTARIZATION VERIFIED: Yes No