

Marigot Co-operative Credit Union Limited

Group Account Application Form

Account Number: _____

ACCOUNT STATUS: New Updated

Account Ownership Requested:

- Club Group
 Co-operative Church School

BUSINESS INFORMATION

Name of Organization: _____

Address of organization: _____

Type/nature of Organization: _____

Estimated deposit: _____

Monthly/Fortnightly/Weekly

AUTHORIZED SIGNATORIES

Full Name: _____

Date of birth: _____

ID Number: _____

ID Type: _____

Address: _____

Tel: _____

Signature: _____

Date: _____

Full Name: _____

Date of birth: _____

ID Number: _____

ID Type: _____

Address: _____

Tele: _____

Signature: _____

Date: _____

Full Name: _____

Date of birth: _____

ID Number: _____

ID Type: _____

Address: _____

Tele: _____

Signature: _____

Date: _____

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

If "Yes" please outline the number below: -----

- (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) Complete this section if any signatories answered "No" to Section (b) above):

1) Is any of the signatories 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 (c) (1) above, please complete (3) below.

3) Please indicate your relationship(s) to the politically exposed person(s). Choose the applicable boxes.

- () Spouse, () Aunt, () Uncle, () Brother in-law, () Sister in-law, () Business partner/Associate,
- () Child, () Close Associate, () Grandparent, () Parent, () Sibling,

Source of Wealth: _____

FOR OFFICIAL USE ONLY

Account # _____ Date opened _____

Risk Rating: Low Medium High

Application Approved: Yes No

Application Denied: Yes No

Reasons for denial:

Approved By Supervisor: _____ Date: _____

Signature of Supervisor

Name and Title

Witness: _____ Date: _____

Signature of Witness

Name and Title