

4)

List Assets Owned:

Real Estate Dwelling Home Cars

Air Planes Other Boats

List Source of Wealth:

Inheritance Retirement Loans from Financial Institution

Investment returns Lottery

Salary Other

Expected Savings:

Monthly

Weekly

Fortnightly

Verification required if Non-National

Police Record

Bank Statement

Salary Range:

Purpose of Relationship:

Savings Account

Other

Fixed Deposits

Chequing Account

5)

Have you ever been convicted of a crime involving Fraud, Money Laundering and Terrorist Financing?

Yes No

Have you ever been declared by the court to be of unsound mind?

Yes No

Are you a member of another Credit Union?

Yes No State Name of Credit Union, if yes: _____

Date of Letter of Written Consent ____/____/____

6) (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)

PEPTable

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

-----	-----	-----	-----
-----	-----	-----	-----

(d) (Complete this section if customer answered "No" to Section (b) above):

- 1) Are you 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 (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,

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

SIGNATURE OF APPLICANT (DO NOT PRINT) DATE SIGNED WITNESS

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

Risk Rating: Low Medium High

Application Approved

By: Date A/C Opened: ____/____/____

(On behalf of the Board of Directors) Current Date: ____/____/____

Application Denied

By:

Reasons:

DESIGNATION OF BENEFICIARY

Name: _____ Account #: _____ Date(YY/MM/DD): _____

Initial Designation – I designate the individual(s) named below as my new beneficiary(ies).

Replace– I designate the individual(s) named below as my new beneficiary(ies) and hereby revoke all prior beneficiary.

Beneficiary #1

Name:

Relationship:

Percentage:

Home Address:

Date of Birth (YY/MM/DD):

Contact #(s):

Employer/ Business name:

Gender: Male ___ Female ___

Occupation:

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Minor ___

Beneficiary #2

Name:

Relationship:

Percentage:

Home Address:

Date of Birth (YY/MM/DD):

Contact #(s):

Employer/ Business name:

Gender: Male ___ Female ___

Occupation:

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Minor ___

Beneficiary #3

Name:

Relationship:

Percentage:

Home Address:

Date of Birth (YY/MM/DD):

Contact #(s):

Employer/ Business name:

Gender: Male ___ Female ___

Occupation:

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Minor ___

AS MY BENEFICIARY/BENEFICIARIES, TO RECEIVE ANY AND ALL SUMS OF MONEY STANDING TO THE CREDIT OF MY SHARES OR DEPOSIT ACCOUNT OR PAID UNDER AND BY VIRTUE OF THE TERMS AND CONDITION OF THE LIFE INSURANCE CONTRACT, LIFE SAVINGS PLAN OF THE CORPEFF INSURANCE SOCIETY TO THE SAID CREDIT UNION. I HEREBY RESERVE THE RIGHT TO CHANGE BENEFICIARY HEREIN DESIGNATED. THE EXECUTIVE OF A SUBSEQUENT DESIGNATION OF BENEFICIARY/BENEFICIARIES FORM SHALL CONSTITUTE A CHANGE OF BENEFICIARY/BENEFICIARIES.

Witness: _____

Signature of Applicant _____



