

**MARIGOT CO-OPERATIVE CREDIT UNION LIMITED
JOINT ACCOUNT HOLDER APPLICATION FORM**

ACCOUNT STATUS: New Updated

Account No:

Date A/C Opened:

Applicant 1

Name:

Address:

Country of Birth:

Date of Birth:

Employer Name:

Home No:

Mobile No:

Occupation:

Applicant 2

Name:

Address:

Country of Birth:

Date of Birth:

Employer Name:

Home No:

Mobile No:

Occupation:

Email Address

Email Address

Identification Presented

Identification Presented

Identification No

Identification No

Country of Residence

Country of Residence

Expected Savings: \$

Monthly Weekly Fortnightly

(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

Applicants:	Position No.	Country in which position is/was held	From: (DDDD/MM/YYYY)	To: (DDDD/MM/YYYY)
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Applicant 1	-----	-----	-----	-----
	-----	-----	-----	-----

Applicant 2	-----	-----	-----	-----
	-----	-----	-----	-----

(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?

Applicant 1 Yes No

Applicant 2 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 box.

(a) Spouse, (b) Aunt, (c) Uncle, (d) Brother in-law, (e) Sister in-law, (f) Business partner/Associate,

(g) Child, (h) Close Associate, (i) Grandparent, (j) Parent, (k) Sibling,

Applicant 1 – Applicable box -----

Applicant 2 – Applicable box -----

DUAL CITIZENSHIP STATUS Yes No

If Dual Citizenship? Provide both forms of Passport Identification:

Name of Country

Identification N0

Name of Country

Identification N0

Verification required if Non-National:

Police Record

Bank Statement

Purpose of Relationship

Savings Account Fixed Deposits chequing Account Other

List Assets Owned: Real Estate Dwelling Home Cars investments Salary

Air Planes Other Boats Lottery Other

List Source of Wealth: Inheritance Retirement Loans from Financial Institution

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

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.

APPLICANT 1 SIGNATURE:

APPLICANT 2 SIGNATURE:

DATE SIGNED

WITNESS

Application Approved

Approved By Supervisor

(On behalf of the Board of Directors)

Current Date:

Application Denied

By Management:

Reasons:

Risk Rating: Low **Medium** **High**

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

DESIGNATION OF BENEFICIARY

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

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 (DD/MM/YY):		
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 (DD/MM/YY):		
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 (DD/MM/YY):		
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.

Documents Notarized/Notarization Verified: Yes No