

## SAINT LUCIA HOSPITALITY INDUSTRY WORKERS CREDIT CO-OPERATIVE SOCIETY LIMITED

## APPLICATION FOR MEMBERSHIP (INDIVIDUAL)

	ACCOUNT NO.		
First Name:	Other		
_ Passport No.:	NIC No.:		
Marital Status:	Male/Female:		
Place of Birth:	Nationality:		
Citizen □, U.S. Resident □,	Or Holder Of A U.S. Green Card □		
Of A Country <u>Other Than</u> S	t Lucia? □ Yes □ No		
Country (ies)			
ONE CONTACT			
Mailing Address (1)			
	(2)		
	(3)		
Email:	Cell No		
-	Occupation:		
Nature of Employment			
V	Work Tel No		
	Marital Status: Place of Birth:  Citizen □, U.S. Resident □,  Of A Country Other Than S  Country (ies)  ONE CONTACT  Mailing A  ———— Email:  Nature of Employ		

Purpose of account:	Deposit paid:			
Source of Funds:				
nticipated Monthly Deposit: \$ Anticipated Monthly Withdrawal: \$				
How did you find out about Saint L	ucia Hospitality Industry Workers Credit Co-operative Society Limited?			
MEMBER DECLARATION	- Politically Exposed Person Status (PEP)			
Are you a Politically Exposed Perso	on (PEP)? (if yes, tick as appropriate)			
□Yes □No				
• •	a natural person who is or has been entrusted with a public prominent diate family' i.e. parents, siblings, spouse, children and in-laws as well as			
☐Head of State	☐Head of Government/Prime Minister			
□Minister	□Parliamentary Secretary			
□Snr Member of Judicial System	☐Member of the Board of the Central Bank			
□Vice or Deputy Minister	☐Management/Supervisory body of a State-owned Enterprise			
☐Member of Parliament	□Ambassador/Attaché			
□Snr Member of the Military/Police	te			
Lam an immediate family of	who is a			
(Insert N	who is a **Iame of individual who is a PEP)			
IHospitality Industry Workers Cred	would like to apply for membership of the Saint Lucia lit Co-operative Society Limited.			
Proposed by:	Seconded by:			
A/C No.:	A/C No.:			
APPOINT	TMENT OF NOMINEE/BENEFICIARY			
· · · · · · · · · · · · · · · · · · ·	rson(s) to whom or to whose Credit the shares or interest or the value of			
·	in the Saint Lucia Hospitality Industry Workers Credit Co-operative			
	itle shall in the event of my death be paid or transferred (in proportions			
respectively shown hereunder).				
Names	Relationship Proportion to be paid Contact #			

CALLY DELL'ALL COLLEGE						

## **CERTIFICATION**

I hereby certify that the statements and information on this application form are true and correct to the best of my knowledge, information and belief, and I authorize the Saint Lucia Hospitality Industry Workers Credit Cooperative Society Limited to investigate all statements or other information contained in this application form.

I hereby authorize Saint Lucia Hospitality Industry Workers Credit Co-operative Society Limited to submit all current and historical data, including but not limited to, account information in the name of the undersigned (address, identification number, account information of beneficiaries, holders of Powers of Attorneys for the account, balances and composition of assets held in the account) to the relevant governmental Tax authorities in compliance with all laws including, but not limited to the U.S. Foreign Account Tax Compliance Act (FATCA), Multilateral Agreements regarding Automatic Exchange of Financial Information (AEOI) and other related legislation, to reduce global tax evasion.

I further understand that Saint Lucia Hospitality Industry Workers Credit Co-operative Society Limited is governed by the MLPA Cap. 12.20 of St. Lucia and is legally required to, including but not limited to report any suspicious activity observed to the Financial Intelligence Authority of St. Lucia or other relevant governmental agency that may exist from time to time.

I agree to keep the minimum amount established on permanent shares to maintain my membership.

Signature of Applicant:		Date:			
Entrance Fee Paid	<u>]</u>  :	FOR OFFICIA	<u>L USE</u>		
Permanent Share(s) Paid:		Deposit(s) Paid:			
	int Name)	Signature:		Date:	
	int Name)	Signature:		_Date:	
		BOARD DEC	ISION		
Approved □	Not Approved □	Deferred □			
	Print Name)	Signature:		Date:	