



SAINT LUCIA HOSPITALITY INDUSTRY WORKERS CREDIT CO-OPERATIVE SOCIETY LIMITED

APPLICATION FOR MEMBERSHIP (INDIVIDUAL)

PERSONAL DETAILS

ACCOUNT NO. _____

Surname: _____ First Name: _____ Other _____

ID Card No.: _____ Passport No.: _____ NIC No.: _____

D/Licence #: _____ Marital Status: _____ Male/Female: _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Citizenship: _____

Are You A United States (U.S.) Citizen , U.S. Resident , Or Holder Of A U.S. Green Card

Are You A Citizen Or Resident Of A Country Other Than St Lucia? Yes No

If Yes, Provide the Name of The Country (ies) _____

ADDRESS AND TELEPHONE CONTACT

Home Address (1) _____ Mailing Address (1) _____

(2) _____ (2) _____

(3) _____ (3) _____

Home Tel No. : _____ Email: _____ Cell No. _____

EMPLOYMENT DETAILS

Name of Employer _____ Occupation: _____

Self-Employed Yes No Nature of Employment _____

Employment Address (1) _____

(2) _____

(3) _____ Work Tel No. _____

Next of Kin: _____ Relationship: _____ Tel. No.: _____

Are you a member of another Credit Union? Yes No (If yes, please state):

(a) _____

(b) _____

(c) _____

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 Co-operative 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: _____

FOR OFFICIAL USE

Entrance Fee Paid: _____

Permanent Share(s) Paid: _____ Deposit(s) Paid: _____

Teller/MSR: _____ Signature: _____ Date: _____
 (Print Name)

Authorized: _____ Signature: _____ Date: _____
 (Print Name)

BOARD DECISION

Approved Not Approved Deferred

Secretary: _____ Signature: _____ Date: _____
 (Print Name)