



**SAINT VINCENT AND THE GRENADINES
POLICE CO-OPERATIVE CREDIT UNION LIMITED
APPLICATION FOR MEMBERSHIP**

MEMBER NO.:

PASSBOOK NO.:

-

ALL FIELDS ARE TO BE COMPLETED IN **BLOCK LETTERS** AND **NOT APPLICABLE (N/A)** SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

SECTION A. PERSONAL INFORMATION

SURNAME _____ FIRST NAME _____ MIDDLE NAME _____
 HOME ADDRESS _____
 MAILING ADDRESS _____
(If different from above)
 DATE OF BIRTH _____ GENDER M F NO. OF DEPENDENTS _____
D D / M M / Y Y Y Y
 PLACE OF BIRTH TOWN/CITY _____ COUNTRY _____
 NATIONALITY _____ CITIZEN RESIDENT
 MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED SEPARATED COMMON LAW
(Please Tick One)
 NATIONAL ID NO. / OTHER _____ ISSUE DATE _____ EXPIRY DATE _____ COUNTRY OF ISSUANCE _____
D D / M M / Y Y Y Y D D / M M / Y Y Y Y
 DRIVER'S PERMIT NO. _____ ISSUE DATE _____ EXPIRY DATE _____ COUNTRY OF ISSUANCE _____
D D / M M / Y Y Y Y D D / M M / Y Y Y Y
 PASSPORT NO. / OTHER _____ ISSUE DATE _____ EXPIRY DATE _____ COUNTRY OF ISSUANCE _____
D D / M M / Y Y Y Y D D / M M / Y Y Y Y
 BIRTH CERTIFICATE NO. _____ COUNTRY OF ISSUANCE _____
 HOME PHONE NO. _____ MOBILE NO. _____ WORK PHONE NO. _____
 EXTENSION _____
 EMAIL ADDRESS _____

SECTION B. EMPLOYMENT INFORMATION

EMPLOYMENT STATUS (Tick All that Applies) PERMANENT TEMPORARY CASUAL CONTRACT SELF EMPLOYED UNEMPLOYED RETIRED PAY FREQUENCY WEEKLY FORTNIGHTLY MONTHLY DATE JOINED COMPANY _____
D D / M M / Y Y Y Y
 SECTOR EMPLOYED PUBLIC PRIVATE SELF EMPLOYED
 AVERAGE MONTHLY INCOME UNDER \$1000 \$1001-\$3000 \$3001-\$5000 \$5001-\$7000 \$7001-\$10000 \$10001 AND OVER
 OCCUPATION _____ EMPLOYEE NUMBER _____
 EMPLOYER _____
 EMPLOYER ADDRESS _____
 ACCOUNT FUNDED VIA SALARY OTHER
(Specify other source of funds. How will you fund the account? E.g. Savings from bank account)

SECTION C. NOMINATION OF BENEFICIARY - In the event of death, I hereby appoint a beneficiary to receive net shares and deposits owing to me in accordance with S.105(1) of the Co-operative Society Act No. 12 of 2012

NOMINEE Name	Address	Relationship	Telephone #	Proportion %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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SECTION D. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

	YES	NO	DOCUMENT REQUIRED
ARE YOU A CITIZEN OF ANY COUNTRY OTHER THAN SAINT VINCENT AND THE GRENADINES?	<input type="checkbox"/>	<input type="checkbox"/>	• (If yes, copies of relevant passport(s) to be provided and give details)
ARE YOU A U.S. CITIZEN, RESIDENT OR GREEN CARD HOLDER? If Yes, Provide Details:	<input type="checkbox"/>	<input type="checkbox"/>	• W-9 OR W-8BEN • Document validating US citizenship • Non-US passport or similar documentation establishing foreign citizenship
ARE YOU A GRANTEE OF A POWER OF ATTORNEY OR AN AUTHORISED SIGNATORY WITH A U.S. ADDRESS?	<input type="checkbox"/>	<input type="checkbox"/>	• W-9 OR W-8BEN
ARE YOU GIVING STANDING INSTRUCTIONS FOR THE TRANSFER OF DIVIDEND INCOME/REGULAR INCOME TO A U.S. ACCOUNT?	<input type="checkbox"/>	<input type="checkbox"/>	• W-9 OR W-8BEN

ARE YOU A PERSON WHO MUST COMPLY WITH DISCLOSURE REQUIREMENT OF TAX RESIDENCY?
If Yes, Please list the Country(ies) of Residency for Tax Purposes and Corresponding Social Security Number (SSN) or Individual Tax Identification Number (ITIN) Details

YES NO

COUNTRY 1 _____ SSN / ITIN: _____
 COUNTRY 2 _____
 COUNTRY 3 _____

If you have **ANSWERED NO TO ALL** the questions in this section, please sign below

MEMBER'S SIGNATURE:

DATE _____
D D / M M / Y Y Y Y

If you have **ANSWERED YES TO ANY** of the questions in this section, please complete this declaration:

UNDER PENALTY OF PERJURY, I CERTIFY THAT:

- i. THE INFORMATION HEREIN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TO BE TRUE AND CORRECT.
- ii. I AM NOT A CITIZEN OR RESIDENT FOR TAX PURPOSES OF ANY COUNTRY OTHER THAN THOSE LISTED IN THIS SECTION.
- iii. I WILL NOTIFY SVG PCCU LTD IMMEDIATELY IN THE EVENT OF ANY CHANGE TO THE INFORMATION STATED IN THIS SECTION.
- iv. I AGREE THAT SVG PCCU LTD CAN PROVIDE TO THE UNITED STATES INTERNAL REVENUE SERVICE (U.S. IRS) AND TO ANY RELEVANT TAX AUTHORITY (OR ANY PARTY AUTHORISED TO ACT ON BEHALF OF SUCH AUTHORITY) ANY OF THE INFORMATION PROVIDED IN THIS SECTION OR ANY INFORMATION THAT MAY BE REQUIRED TO BE PROVIDED BY LAW TO THE U.S. IRS OR OTHER RELEVANT TAX AUTHORITY RELATING TO MY ACCOUNT(S) WITH SVG PCCU LTD CREDIT UNION.

MEMBER'S SIGNATURE:

DATE _____
D D / M M / Y Y Y Y

SECTION E. GENERAL INFORMATION

HIGHEST LEVEL OF EDUCATION PRIMARY SECONDARY ASSOCIATES DEGREE OTHER
 UNDERGRADUATE DEGREE POSTGRADUATE DEGREE

PREFERRED METHOD OF COMMUNICATION

PHONE CALL E-MAIL TEXT MESSAGE MAIL

HOW DID YOU HEAR ABOUT PCCU?

NEWSPAPER RADIO TELEVISION FACEBOOK RELATIVE WEBSITE
 INSTAGRAM FRIEND CO-WORKER PCCU MEMBERS PCCU STAFF
 EXPO/TRADE SHOWS ROAD SHOW

WOULD YOU BE INTERESTED IN A LOAN WITHIN THE NEXT SIX (6) MONTHS? YES NO

VEHICLE MORTGAGE LAND PERSONAL

CONTACT PERSON INFORMATION

SURNAME _____ FIRST NAME _____ CONTACT NO. _____

ACCEPTANCE OF YOUR MEMBERSHIP IS ON THE UNDERSTANDING THAT YOU WILL ABIDE BY THE RULES AND BYE-LAWS OF PCCU. FAILURE TO DO SO MAY RESULT IN YOUR EXPULSION FROM THE ORGANISATION.



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SECTION F. POLITICALLY EXPOSED PERSONS (PEPs) *Individuals who are or have been entrusted with prominent functions by a foreign country or in Saint Vincent and the Grenadines*

Please tick if you fall into any of these categories:

	YES	NO
Head of State	<input type="checkbox"/>	<input type="checkbox"/>
Head of Government	<input type="checkbox"/>	<input type="checkbox"/>
Senior Politicians [Parliament Members (national or local), Senators]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Government Official [Permanent Secretary, Senior Officer, or holding equivalent positions in a foreign country]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Judicial Official [Chief Justice, Judges of the Supreme Court (Appeal & High Court Judges), Masters of the Supreme Court, Industrial Court Judges, Caribbean Court of Justice Judges, The Registrar, Deputy Registrar, Assistant Registrar, Chief Magistrate, Deputy Chief Magistrates and Magistrates of the Magistracy]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Military Officials [eg. Police Force - Commissioner, Deputy Commissioner, Assistant Commissioner, Superintendent, Assistant Superintendent. Coast Guard – Lieutenant, Lieutenant Commander, Commander]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Executive of State Owned Corporations - [Chairman, Deputy Chairman, President or Vice President of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other person who is duly appointed to perform functions similar to those normally performed by the holder of any office specified]	<input type="checkbox"/>	<input type="checkbox"/>
Important Political Party Official [Chairman, Deputy Chairman, Secretary, Treasurer of a political party registered under the Representation of the People Act or individuals holding equivalent positions in a foreign country]	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Family Member of Individuals described above [Spouse, Parent, Siblings, Children & Children of the Spouse of that person]	<input type="checkbox"/>	<input type="checkbox"/>
Persons who are or have been entrusted with prominent functions by an international organisation which refers to members of senior management [eg. Directors and members of the Board or equivalent functions]	<input type="checkbox"/>	<input type="checkbox"/>
Close personal or professional associate of the PEP	<input type="checkbox"/>	<input type="checkbox"/>

If You have answered yes to any of the questions above please complete the Enhanced Due Diligence form

I hereby certify that the above information is true and correct as at the date completed.

MEMBER'S SIGNATURE
(Please sign inside box)

DATE _____
D D / M M / Y Y Y Y

WITNESSED BY _____

DATE _____
D D / M M / Y Y Y Y

FOR OFFICIAL USE ONLY

FORMER MEMBER YES NO **MEMBER NO** _____ **IS ACCOUNT JOINT** YES NO

DATE OF APPLICATION _____ **DATE JOINED C.U.** _____
D D / M M / Y Y Y Y D D / M M / Y Y Y Y

FATF List Checked	YES <input type="checkbox"/> NO <input type="checkbox"/>	CFATF List Checked	YES <input type="checkbox"/> NO <input type="checkbox"/>	PEP Completed	YES <input type="checkbox"/> NO <input type="checkbox"/>	FATCA Dec. Completed	YES <input type="checkbox"/> NO <input type="checkbox"/>
Match Found	<input type="checkbox"/> <input type="checkbox"/>	Match Found	<input type="checkbox"/> <input type="checkbox"/>	PEP Identified	<input type="checkbox"/> <input type="checkbox"/>	Member Identified	<input type="checkbox"/> <input type="checkbox"/>

CHECKED BY: _____ **DATE** _____
SIGNATURE PRINT NAME D D / M M / Y Y Y Y

ENTERED BY: _____ **DATE** _____
SIGNATURE PRINT NAME D D / M M / Y Y Y Y

APPROVED BY: _____ **DATE** _____
SIGNATURE PRINT NAME D D / M M / Y Y Y Y

DOCUMENT CHECKLIST: (Please provide <i>original</i> documents)	Check Box
1. Two (2) forms of Valid Identification One of which must be a Primary ID (i.e. National Identification Card and Passport) and secondary a ID (i.e. Driver's Permit, Farmers ID and Police ID)	<input type="checkbox"/>
2. Proof of Address must carry applicant's name (i.e. Utility Bill or Bank Statement in absence of Utility Bill)	<input type="checkbox"/>
3. If Joint account, both partner's Valid Identification (i.e. National Identification Card, Driver's Permit, Passport) (N.B. Joint account (minimum age 16 years))	<input type="checkbox"/>
4. Minimum deposit to activate account - \$255.00	<input type="checkbox"/>
5. Proof of Employment - Job Letter (within 3 months)	<input type="checkbox"/>
6. Proof of Income - Pay slip (within 3 month)	<input type="checkbox"/>
7. Self-Employed & Unemployed Persons - Evidence to support how the account will be funded	<input type="checkbox"/>
8. Applicable to foreigners / non-residents only – If applicant is residing abroad, all documents must be notarized or all original documents must be sent by mail.	<input type="checkbox"/>



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FATCA SUMMARY

The Foreign Account Tax Compliance Act (FATCA) is an important development in U.S. efforts to combat tax evasion by U.S. persons holding accounts and other financial assets offshore.

Reporting Thresholds

Reporting thresholds vary based on whether you file a joint income tax return or live abroad. If you are single or file separately from your spouse, you must submit a Form 8938 if you have more than \$200,000 of specified foreign financial assets at the end of the year and you live abroad; or more than \$50,000, if you live in the United States. If you file jointly with your spouse, these thresholds double. You are considered to live abroad if you are a U.S. citizen whose tax home is in a foreign country and you have been present in a foreign country or countries for at least 330 days out of a consecutive 12-month period.

Taxpayers living abroad. You must file a Form 8938 if you must file an income tax return and:

- You are married filing a joint income tax return and the total value of your specified foreign financial assets is more than \$400,000 on the last day of the tax year or more than \$600,000 at any time during the year. These thresholds apply even if only one spouse resides abroad. Married individuals who file a joint income tax return for the tax year will file a single Form 8938 that reports all of the specified foreign financial assets in which either spouse has an interest.
- You are not a married person filing a joint income tax return and the total value of your specified foreign financial assets is more than \$200,000 on the last day of the tax year or more than \$300,000 at any time during the year.

Taxpayers living in the United States. You must file Form 8938 if you must file an income tax return and:

- You are unmarried and the total value of your specified foreign financial assets is more than \$50,000 on the last day of the tax year or more than \$75,000 at any time during the tax year
- You are married filing a joint income tax return and the total value of your specified foreign financial assets is more than \$100,000 on the last day of the tax year or more than \$150,000 at any time during the tax year.
- You are married filing separate income tax returns and the total value of your specified foreign financial assets is more than \$50,000 on the last day of the tax year or more than \$75,000 at any time during the tax year. For purposes of calculating the value of your specified foreign financial assets in applying this threshold, include one-half the value of any specified foreign financial asset jointly owned with your spouse. However, report the entire value on Form 8938 if you are required to file Form 8938. (IRS 2013)

POLITICALLY EXPOSED PERSON SUMMARY

- A *politically exposed person* (PEP) is an individual who is or has been entrusted with a prominent function. Many PEPs hold positions that can be abused for the purpose of laundering illicit funds or other predicate offences such as corruption or bribery. Because of the risks associated with PEPs, the FATF Recommendations require the application of additional AML/CFT measures to business relationships with PEPs. These requirements are preventive (not criminal) in nature, and should not be interpreted as meaning that all PEPs are involved in criminal activity. (FATF Guidance 2013)