JANNOU CREDIT UNION
Together we can move mountains

❑ I wish to apply for a VISA International Debit Card
❑ I wish to apply for an online account & the Mobile app

INDIVIDUAL MEMBERSHIP APPLICATION

ACCOUNT NO _____ **DATE** _____

All Fields Must be Completed in BLOCK LETTERS

1. DETAILS OF APPLICANT

Title: ❑Mr. ❑Mrs. ❑Miss ❑Ms. ❑Other_____ **Gender:** ❑Male ❑Female

FIRST NAME **MIDDLE NAME** **LAST NAME**

_____ _____ _____

Do you have an alias? ❑Yes ❑ No If Yes, please state here _____

Marital Status: ❑Single ❑Married ❑Widowed ❑Separated ❑ Divorced ❑Common Law

Date of Birth: _____/_____/_____ NIC/Social Security No :_____
DD/MM/YYYY

National ID No.	Issue Date DD / MM/ YYYY	Expiry Date DD / MM/ YYYY	Country of Issuance
Driver's License No.	Issue Date DD / MM/ YYYY	Expiry Date DD / MM/ YYYY	Country of Issuance
Passport No.	Issue Date DD / MM/ YYYY	Expiry Date DD / MM/ YYYY	Country of Issuance

Resident❑ Non-Resident❑ Country of Birth: _____ Nationality: _____

Country of Residence: _____ E-Mail Address:_____

Current Residence Address: - _____

Mobile No.:_____ Home No.:_____

Mailing Address:_____

Highest Level of Education: ❑Primary ❑Secondary ❑Degree ❑Post Graduate Other_____

2. What is your reason for opening the account? *(Select all that apply)*
❑Savings ❑Loans ❑ FIP ❑Medical Insurance ❑VISA Debit Card ❑Online Service
❑House & Vehicle Insurance ❑ Other_____

3. How did you get to know about the credit union: ❑Family ❑Television ❑ Website ❑Organisation Visits
❑Co-workers ❑Radio ❑Social Media ❑ Friends

4. Are you a member of any other credit union (s)? ❑Yes ❑ No Account No.(s) _____

If yes, provide Credit Union name(s):_____

5. FINANCIAL INFORMATION

Please indicate below how many deposits/withdrawals you expect to make per month

[*Deposits*] *Amount* ($)_____ Frequency (❑ weekly, ❑monthly, ❑yearly)

[Withdrawals] Amount ($)_____ Frequency (❑weekly, ❑monthly, ❑yearly)

Source of Wealth: ❑Employment/Salary, ❑Business ❑Ownership, ❑Inheritance/Gift, ❑Investments/Dividends, ❑Property/Real Estate, ❑Retirement/Pension ❑ Other _____

Source of Initial Deposit _____

Nature of Payments: ❑Cash ❑Cheques ❑Salary Deduction ❑Wire Transfer

6. EMPLOYMENT INFORMATION

Employer: _____ Department/Section: _____

Work Address: _____

Work Tel. No.: _____ Date of Employment: _____

Occupation: _____

Employment Status: ❑Permanent ❑Temporary ❑Contract ❑Self Employed ❑Unemployed ❑Retired ❑Student

Business Activity (If Self Employed) _____

Source of Other Income (If applicable) _____

Average Monthly Income: ❑Below $1500 ❑$1500-$3499 ❑$3500- $5499 ❑ $5500-$7499 ❑ $7500 & Over

7. SPOUSE/RELATIVE INFORMATION

Name of Spouse: _____ Next of Kin: _____

Residence: _____ Residence: _____

Tel No.: _____ Tel No.: _____

8. PROPOSED BY:

Name _____ **Account No** _____

Relationship to Applicant:

❑Parent ❑Brother/Sister ❑Friend *

❑Grandparent ❑Aunt/Uncle ❑Colleague *

❑Son/Daughter ❑Niece/Nephew ***Note:* Only if eligible to join through workplace***

❑Spouse/Common Law Partner

:

I understand that any false information will nullify the nominee's membership immediately.

Signature of Proposer_____

9. Do You hold a junior (SOCA) account with Jannou? ❑Yes ❑ No If Yes, provide Account No:_____

FATCA/CRS DECLARATION- I

a) Are you a US citizen, resident or green card holder? Yes ❑ No ❑
b) Do you have a standing order to transfer funds to an account maintained in the USA? Yes ❑ No ❑
c) Do you currently have effective power of attorney or signatory authority granted to a person with a US address? Yes ❑ No ❑
d) Did you obtain residence rights under a CIP/RBI Programme ? Yes ❑ No ❑
e) Do you hold residence rights in any other jurisdiction(s)? Yes ❑ No ❑
f) Have you spent more than 90 days in any other jurisdiction(s) during the previous year? Yes ❑ No ❑
g) Did you file personal income tax returns in any country other than St Lucia during the previous year ? Yes ❑ No ❑

DECLARATION - II

a) That by signing below the Applicant is making an application to a) open the account and b) obtain certain credit union services subject to the Credit Union's Terms and Conditions.
b) That all details stated in this application are true, accurate and complete.
c) That the Applicant will immediately notify the Credit Union as of all changes in any details provided herein.
d) That the Account will not be used for fraudulent activity, money laundering or any criminal offence whatsoever.
e) That all supporting documentation for all transactions to and from the Account shall be provided to the Credit Union immediately upon request.
f) That the Applicant has received, thoroughly examined and agreed to be bound by the Credit Union's Terms and Conditions and Credit Union fees and charges as amended from time to time and understands that the Individual application along with the Credit Union's Terms and Conditions constitute a legally binding agreement between the Applicant and the Credit Union.
g) That the Applicant agrees that the Credit Union can disclose Account information to relevant authorities under the appropriate legislation.
h) That the Applicant agrees to the processing by the Credit Union of the information/date concerning the application in accordance with applicable laws.
i) That the Applicant agrees that the Credit Union may at any time and without notice to the applicant combine and consolidate all and any accounts with the credit union in the individual's name or to whom the individual is beneficially entitled and or set off any money whatsoever regardless of the type of account with which the funds are held.
j) That the Applicant agrees to provide the Credit Union on request such information regarding its affairs as the Credit Union may require from time to time and authorizes the Credit Union to contact such persons as the Credit Union thinks fit to verify the correctness and completeness of any information furnished by the Applicant and authorizes such persons to release such information to the Credit Union.
k) That the Applicant complies with all laws and regulations imposed on it by any applicable jurisdiction in respect to this application for an account opening and other credit union services.
l) That the rights and obligations of the Applicant and the Credit Union hereto shall be governed by and interpreted in accordance with the laws of Saint Lucia and the courts of Saint Lucia shall have exclusive jurisdiction.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

APPLICANT RISK RATING: _____

COMPLIANCE REVIEW Yes ❑ No ❑ **DATE**: _____

BOARD APPROVAL Yes ❑ No ❑ **DATE:** _____

Comments: _____

MANAGER's SIGNATURE: _____ **DATE**: _____

BOARD SECRETARY SIGNATURE: _____ **DATE**: _____

PAYMENT INFORMATION: -

Entrance Fee : _____

Deposit : _____

Ordinary Shares: _____

Regular Shares: _____

TOTAL _____ Transaction No:_____

MS Rep Signature : _____ Date _____
and stamp

Reviewed by: _____ Date _____
Sign and stamp

DOCUMENTS ATTACHED *(Please tick all that apply)*

(√)	**DOCUMENT NAME**
	Salary Slip/ Job Letter
	Birth Certificate (s)
	Proof of Address
	Copies of ID's
	PEP Form
	W9
	Self Certification Form
	Beneficiary Form

Updated June 2022

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ACCOUNT NO……

BENEFICIARY FORM

NAME IN FULL ……..…...

DATE OF BIRTH …… ID TYPE/ NO:……..
……..
POSTAL ADDRESS ……

HOME ADDRESS ……..…….

PROFESSION/OCCUPATION ……..……

EMPLOYER ……..……...
…..
TELEPHONE No :-. WORK …… HOME ……..…….. MOBILE……

APPOINTMENT OF NOMINEE

In accordance with Section 100 of the Cooperative Societies Act No.28 of 1999 (Chapter 12.06 of the Laws of St Lucia 2001), and the Bylaws of the above-mentioned Society, I _____hereby nominate the following person (or persons) to whom or to whose credit the share or interest or the value of such share or interest held by me in the **ST LUCIA CIVIL SERVICE COOPERATIVE CREDIT UNION LTD** or its Successor in Tile shall in the event of my death be paid or transferred (in the proportions respectively shown under).

NAMES	ADDRESS/ CONTACT INFORMATION	CONTACT NUMBER	RELATIONSHIP	PROPORTION TO BE PAID

Should the aforesaid person or persons be minors at the date of my death the legal tutor _____ shall be entitled to receive the benefit on their behalf by installments agreed with the Credit Union.

SIGNATURE OF MEMBER ……..…..… DATE ……..…….

[FOR OFFICIAL USE ONLY]

ATTESTING WITNESS ……..…….. DATE …….

ATTESTING WITNESS …….. DATE …….

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INSTRUCTIONS

Please read these instructions before completing the form.

Why are we asking you to complete this form?
To help protect the integrity of tax systems, governments around the world are introducing new information gathering and reporting requirements for financial institutions. This is known as the Common Reporting Standard (the "CRS"). **The Automatic Exchange of Financial Account Information Act, Cap. 12.27** require Jannou Credit Union to collect and report certain information about an account holder's tax residence. Each jurisdiction has its own rules for defining tax residence, and [OEC AEOI Portal]. In general, you will find that tax residence is the country/jurisdiction at the same time (dual residency). If you are a U.S. citizen or tax resident under U.S. law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax adviser or the information at the OECD automatic exchange of information portal.

Completing this form will ensure that we hold accurate and up to date information about your tax residency.
If your tax residence (or account holder, if you are completing the form on their behalf) is located outside St Lucia, we may be to Inland Revenue Department (IRD) , we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find summaries of defined terms such as n account holder, and other terms in the Appendix.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other mandatory field information, that makes this form incorrect or incomplete, In tat case you must notify us and provide an updated self-certification.

This form is intended to request information consistent with local law requirements.

Members should complete this form.

If you are filling in this form on behalf of someone else.

Please tell us in what capacity you are signing in Part 3.

For example, you may be the custodian or nominee of an account on behalf of the account holder, or you may completing the form under a power of attorney.

A legal guardian should complete the form on behalf of an account holder who is a minor.

As a financial institution, we are not allowed to give tax advice.

Where to go for further information?

Your tax adviser may be able to assist you in answering specific questions on this form. The Inland Revenue Department (IRD) can provide guidance regarding how to determine your tax status.

Your tax can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information (AEOI) website: **www.oecd.org/tax/automatic-exchange/**

Please Complete Parts 1-3 in BLOCK CAPITALS

Part 1 – Identification of Individual Account Holder

A. **Name of Account Holder:**

Family Name or Surname(s)* _____

Title _____

First or Given Name* _____

Middle Name(s) _____

B. **Current Residence Address:**

House/Apt/Suite No./Street* _____

Town/City/ State/Province* _____

Country* _____

Postal Code (if any)* _____

C. **Mailing Address:** (please only complete if different to the address shown in Section **B**)

House/Apt/Suite No./Street/P. O. Box _____

Town/City/ State/Province _____

Country _____

Postal Code/Zip Code _____

D. **Date of Birth*** (dd/mm/yyyy): _____

E. **Place of Birth:**

Town/City of Birth* _____

Country of Birth* _____

Part 2 - Country/Jurisdiction(s) of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent* ("TIN") (*See Appendix*)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated.

If the Account Holder is tax resident in more than three (3) countries/jurisdictions, please use a

separate sheet.

If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate.

Reason A – The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).
Reason C – No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain below why you are unable to obtain a TIN if you selected Reason B above.

1 _____

2 _____

3 _____

Part 3 – Declarations And Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Jannou Credit Union setting out how Jannou Credit Union may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder,(or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Jannou Credit Union within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect, and, to provide Jannou Credit Union with a suitably updated self-certification and declaration within 90 days of such changes in circumstances.

Signature* _____

Print Name* _____

Date* _____

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified, copy of the power of attorney.

Capacity: _____

Appendix – Summary Descriptions of Select Defined Terms

Note: These are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (the CRS"), the associated Commentary to the CRS, and domestic guidance. This can be found at the OECD automatic exchange of information portal.

If you have any questions then please contact your tax adviser or domestic tax authority.

"Account Holder" The term "Account Holder" means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

"Controlling Person" This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). If the account is maintained for an entity of which the individual is a Controlling Person, then the "Controlling Person tax residency self-certification" form should be completed instead of this form.

"Entity" The term "Entity" means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

"Financial Account" A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

"Participating Jurisdiction" A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

"Reportable Account" The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

"Reportable Jurisdiction" A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

"Reportable Person" A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

"TIN" (including "functional equivalent") The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the OECD automatic exchange of information portal.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

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Politically Exposed Persons Self Declaration

In accordance with Money Laundering (Prevention) Act, there is an obligation on Financial institutions to determine if the applicant for business or a beneficial owner is a Politically Exposed Person (PEP). Please read the below definition carefully, select the relevant alternative,

A PEP is defined as a person who holds, or has held at any time in the last year was ,

1. A prominent public function, including:
   a) Heads of State, Heads of Government, Ministers and Deputy and Assistant Ministers and Parliamentary Secretaries;
   b) Members of Parliament;
   b) Members of the Courts or of other high-level judicial bodies.
   c) Members of courts of auditors, Audit Committees or of the boards of central banks;
   d) Ambassadors, Charge d'affaires and other high ranking officers in the Police force;

For the purposes of (a) to (e) above this includes positions held at the local or international level.

2. Members of the administration, management or boards of State-owned corporations.

PEP Family Members & Close Associate

The definition of PEPs also extends to immediate family members and close associates of PEPs.
An immediate family member includes any of the following:

a) the spouse, or any partner recognised by national law as equivalent to the spouse;
b) the children and their spouses or partners; and
c) the parents.

A close associate is defined to include any of the following persons:

a) an individual who has joint beneficial ownership of a body corporate or any other form of legal arrangement or any other close business relations with a PEP; or
b) an individual who has sole beneficial ownership of a body corporate or any other form of legal arrangement that is known to have been established for the benefit of a PEP.

Please select one of the boxes below and enter the required information

☐ I hereby declare that I **am NOT** a PEP in accordance with the sections above.

☐ I hereby declare that **I AM a PEP** in accordance with section **1 OR 2** above

- as I hold the position of _____ and/or
- my close associate or family member holds the post of _____

_____ _____

Signature Date: