Bahama Islands Co-Operative Credit Union Limited

BENEFICIARY

Pursuant to The Bahamas Co-operative Credit Union Act, 2015

This is to state that I, _____
A member of the above named Society, do hereby nominate the following as the only person or persons to or among whom shall be transferred my property in the Society whether in Shares, Deposits, or otherwise at my demise in such proportions as is set forth below opposite their respective names:

NAME:	Relationship:
Address:	
Proportion:	Phone No.
NAME:	Relationship:
Address:	
Proportion:	Phone No.
NAME:	Relationship:
Address:	
Proportion:	Phone No.
NAME:	Relationship:
Address:	
Proportion:	Phone No.
NAME:	Relationship:
Address:	
Proportion:	Phone No.

As witnessed to my hand this _____Day of _____ 20__

_____
Signature of Member

_____
Signature of Witness (BICCU Employee)

Bahama Islands Co-Operative Credit Union Limited Registration & Source of Funds Declaration

☐ Male ☐ Female Married Single Divorced	**ACCOUNT NUMBER**	**DATE OF TRANSACTION:**

NAME (Surname, First Name, Middle Name)	**BIRTHDATE** (MM/DD/YY):	**NATIONAL INSURANCE NO.:**
ADDRESS:	**P.O. BOX:**	**RESIDENCE PHONE NO.:**
OCCUPATION/NATURE OF BUSINESS & EMPLOYER:	**NATIONALITY:**	**BUSINESS PHONE NO.:**
E-MAIL ADDRESS:	**RECOMMENDED BY:**	**CELLULAR PHONE NO.:**

ACCOUNT MAINTENANCE ☐ **CASH/ CHEQUE DEPOSIT**	**AMOUNT:**	**EXPECTED TRANSACTION** ☐ DAILY ☐ BIWEEKLY ☐ WEEKLY ☐ MONTHLY
☐ **STANDING ORDER/ 3RD PARTY TRANSFER**	**AMOUNT:** Scotia ☐ RBC ☐	**EXPECTED TRANSACTION** ☐ DAILY ☐ BIWEEKLY ☐ WEEKLY ☐ MONTHLY
☐ **SALARY DEDUCTION**	**AMOUNT:**	**EXPECTED TRANSACTION** ☐ DAILY ☐ BIWEEKLY ☐ WEEKLY ☐ MONTHLY

DECLARATION:
I/We have made inquiry and to the best of my/our knowledge and belief, the funds were not derived from or being employed in any illegal transaction by Myself, Person/Company for whom I am acting.

I further declare that the funds totaling _____ presented to complete this transaction represents the proceeds of monies received from the following source:

_____

I acknowledge that this declaration is required to comply with Financial Transaction Reporting Act and agree that if disclosure to any legitimate and appropriate regulatory authority or Law Enforcement Authorities is deemed necessary, it will not occur without prior approval of the Board of Directors and/or Chief Executive Officer. I also do hereby authorize the CEO or other designated Credit Union employee to engage in the verification of any information provided.

_____
Signature of Applicant

Verification of Identity and Proof of Nationality (Government issued I.D), Proof of Address (Utility Bill or Bank Statement), Proof of Employment (Job Letter or Pay Stub). Must Accompany Application.

Checked by Compliance Officer:_____

Reviewed by Chief Executive Officer: _____

Declaration

I hereby make application for membership to the above named Society and agree to comply with the Bye-Laws of the Society, the decisions and order of the general meeting, the Board of Directors, Chief Executive Officer, and properly authorized officers of the society and admit liability to all obligations, penalties and conditions prescribed in the Bye-Laws.

_____
Signature of Applicant

Bahama Islands Co-operative Credit Union Limited (BICCU)

Rosetta & Patton Streets
Nassau, Bahamas
Tel: (242) 601-5900

Email: info@biccu.org

Website: www.biccu.org

"Your Partner To Financial Freedom"

POLITICALLY EXPOSED PERSON (PEP) DISCLOSURE

A PEP is an individual who holds or has held, in the preceding year, important public positions; e.g.

- heads of state or government;
- senior officials in the executive, legislative, administrative, military or judicial branches of a government (whether elected or not);
- senior officials of major political parties; and
- senior executives of government-owned corporations

A PEP also includes immediate family members (parents, siblings, spouse and children), close associates, (any individual who is widely and publicly known to maintain an unusually close relationship with a PEP) or related companies.

Having read and understood the above definition, I confirm that: (select the appropriate statement below)

I am not a PEP as defined above ☐ I am a PEP as defined above ☐

Name: _____

Signature: _____

Date: _____

RELATED PARTY DECLARATION

I am an immediate relative of _____, a BICCU employee, Board or Committee Member (N/A if not applicable)

_____

HOME ADDRESS DIRECTIONS

STREET NAME:

_____

HOUSE/APT #: _____

DIRECTIONS ARE AS FOLLOWS:

_____

_____

_____

_____

TYPE OF ACCOUNT(S) TO BE OPENED			
Savings Account		Bill Paying Account	
Fixed Deposit		Loan Account	
Christmas Club Account		Insurance Account	
A-sue Savings Account		Vacation Club Account	
KIDDS Club Account		Visa Debit Card	
Kall Account		Education Account	

COMPLIANCE REVIEW

Document	ATTACHED	
	Yes	No
Application Fully Completed		
Picture Identification (Colour Copy)		
Address Verification: Utility Bill Bank Statement Signed Rental/Lease Agreement		
National Insurance Smart Card		
Job Letter/Pay Stub/Business License		
Work Permit/ Permanent Resident Permit		
Signature Card signed		
Deposit for Account (Cash, Cheque or Salary Deduction)		
Compliance Officer Signature:	**Date:**	

RATIFICATION BY BOARD

This application was approved for membership and entered in the Minute Book at the

Board of Directors' Meeting held on: _____