



Application Memorandum for Opening Current Account

Date Opened _____

Account Number _____

Name _____
Title: _____
Mailing Address/Residence: _____
Office Location: _____

BUSINESS

Business

Occupation Agri. Mfg Wholesale New Venture _____
Or Profession Position _____ Retail Transport Other _____

Types of Account Personal Sole Owners Partnership Clubs Co.

M S R: Account Opened By: _____
Initial Deposit: Amount: \$ _____

Contact Information

Telephone Numbers
Home: _____
Cell: _____
Work: _____
Email Address: _____

Basic Information

Nationality: _____
Place of Birth: _____
Mailing Address
Street: _____
Town/Village: _____
Country: _____

Employment History

Employment Status: Full Time Part Time Temp

Position Held: _____
Employer's Name: _____
Work Email: _____
Work Phone Number: _____
Employer's Address
Street: _____
Town/Village: _____
How long in present employment _____ years _____ mths
Places worked in last five (5) years _____

Self Employed Information

Name of Business: _____
Address: _____
How long have you been self-employed? __yr(s) __mth
Type of Business: _____

Annual Income (For Business Accounts Only)

Less than EC\$25,000 \$25,001 – \$50,000.00 \$50,001 – \$100,000 Over \$100,000

Initial deposit: _____ (Over EC\$27, 000.00 please complete the source of funds form)

Please indicate the original source of initial funds:

Savings Salary Sale of Property Sale of Business Inheritance Other: _____

Approximately how much you intend to deposit each year:

Less than \$5,000 \$5,001 - \$10,000 \$10,001 – \$50,000 \$50,001 – \$100,000 Over \$100,000

Reference

Name: _____

Name: _____

Address: _____

Address: _____

Reasons for selecting this Credit Union Transfer Re-opening Chance of Connection Other _____

Other (explain): _____

Other Accounts at: _____

Acquaintances at this Credit Union: _____

Handling Instructions**Statement** Hold Mail**Authority Documents** Received To Follow**Special Instructions:** _____

Signature Cards Cards Received Cards to Follow**Name of Signatory**

1. _____

2. _____

Signature

Member(s) Signature: _____

Date: _____



FND Enterprise Cooperative Credit Union Limited

Account Holder Check List

PERSONAL ACCOUNTS

- Contract Card (*notarization required*)
- Specimen Signature Card (s) (*notarization required*)
- Signature Capture Form(s) (*notarization required*)
- Cheque Book Requisition
- New Account Memorandum Form
- Declaration and Undertaking from Joint Members
- Large Transaction Form (*This form must be completed for all transactions over US\$10,000 or the equivalent in any currency and for a any amount that might be regulated from time to time*)
- Consent to Disclose Agreement for all Signatories
- Declaration of Activities and Source of Funds Form
- Authorization and Indemnity: Facsimile Instructions, Instructions given by Electronic means of Communication and Instructions Signed Electronically or with use of Rubber Stamp
- Copy of valid passport and either a copy of national identity card, armed forces identity card, or driver's license for all Signatories (*certification by notary public required*)
- Full name and address of two (2) referees, one from a recognized financial institution, and one from a member of a professional body such as a lawyer or public accountant for all Signatories
- Check names of all Signatories and owners on World Compliance
- Risk Profile
- Purpose of Account
- Email address
- Detailed source of all incoming funds and disbursement of funds

NB

Notarization is only required for documents being submitted from overseas, if the member visits the Credit Union in person and brings in the original the Member Service Representative is only required to note "Original Seen" on the copy taken.

The Notary Public or Commissioner of Oaths must submit copies of identification documents which must clearly show his/her full name, date of birth, and signature as well as the date on which such documents expire and his/her address must be clearly disclosed.

FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED

A. FOREIGN POLITICALLY EXPOSED PERSONS (PEP) DECLARATION

Under AML Regulations of the Federation of St. Christopher and Nevis, FND Enterprise Cooperative Credit Union is required to establish if a customer is a Foreign Politically Exposed Person (Foreign PEP).

Politically Exposed Person (PEP) A Foreign PEP is a natural person who holds or has held an important public office in a foreign country, such as head of state, government of Member of Parliament. Immediate family members (the spouse or partner who is regarded under individual national laws as the equivalent of a spouse, the children and their spouses or partners, and parents) as well as other close associates are also treated as Foreign PEPs.

With respect to the above definition: I declare that I AM NOT a Foreign PEP. I declare that I AM a Foreign PEP.

B. BENEFICIAL OWNER DECLARATION

Under the AML Regulations of the Federation of St. Christopher and Nevis, FND Enterprise Cooperative Credit Union is required to identify the beneficial owner of accounts and to determine on whose behalf transactions are carried out.

Beneficial Owner refers to the natural person who ultimately owns or controls a member and/or the person whose behalf a transaction is conducted.

With respect to the above definition:

I hereby declare that I AM the beneficial owner of the account being opened and undertake to notify the Credit Union immediately, in writing, of any change in the beneficial ownership.

I hereby declare that I AM NOT the beneficial owner of the account being opened. Details of the beneficial owner is as follows:

- Name: _____
- Residential Address: _____
- Country: _____
- Date Of Birth: _____
- Nationality: _____

Signed by: _____

Name: _____

FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED

AUTHORIZATION AND INDEMNITY: INSTRUCTIONS GIVEN BY TELEPHONE, TELEX, TELECOPY, SWIFT, EMAIL OR OTHER ELECTRONIC MEANS OF COMMUNICATION

TO: FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED (“THE CREDIT UNION”)

I the undersigned

Account Holder

(hereinafter called “the Account Holder”) being a Member of the Credit Union refer to the Mandate between the Credit Union and me governing the operation of my account and credit or other facilities or financial service arrangements with the Credit Union (“the Mandate”) and say as follows:-

1. Notwithstanding the terms of the Mandate or any future mandate or other agreement or course of dealing between the Credit Union and me, the Credit Union is requested and authorized, but is not obliged, to rely upon and act in accordance with any instructions which may from time to time be, or purported to be, given by telephone, telex, telecopy, SWIFT, e-mail or other electronic mean of communication (collectively called “Electronic Communication”) by me or on my behalf by any one of the persons mentioned below without inquiry on the Credit Union’s part as to the authority or identity of the person making or purporting to give such instructions by Electronic Communication and regardless of the circumstances prevailing at the time of such instructions. The Credit union shall be entitled to treat such instructions given by Electronic Communication as fully authorized by and binding upon me and the Credit Union shall be entitled (but not bound) to take such steps in connection with or in reliance upon such instructions given by Electronic Communication as the Credit Union may in good faith consider appropriate, whether such Electronic Communication includes instructions to pay money or otherwise to debit or credit any account, or relates to the disposition of any money, securities or documents, or purports to bind me to any agreement or other agreement with the Credit Union or with any other person or to commit me to any other type of transaction or arrangement whatsoever, regardless of the nature of the transaction or arrangement or the amount of money involved and notwithstanding any error or misunderstanding or lack of clarity in the terms of such instructions by Electronic Communication.
2. In consideration of the Credit Union acting in accordance with the terms of this Authorization, I undertake to indemnify the Credit Union and keep it indemnified against all losses, claims, actions, proceedings, demands, damages, costs, counsel fees and expenses incurred or sustained by or asserted against the Credit Union, its directors, officers, employees out of or in connection with or arising directly or indirectly from any action taken in accordance with instructions given by Electronic Communication of whatever nature and howsoever arising, whether arising out of any investigation, litigation or proceeding brought by me, by others on my behalf, by any third party or by any of my successors or assigns, provided only on that the Credit Union acts in good faith. The Credit Union, any branch or agency of the Credit Union and their respective directors, officers and employees shall not be responsible or liable for any error, delay, damage, claim or other loss, expense or cost arising of any instructions given by the Electronic Communications save only where the Credit Union or other person indemnified acted with gross negligence or willful misconduct. In no event shall the Credit Union be liable for special, indirect, consequential or punitive damages.
3. All instructions sent by telex shall contain my Answerback.
4. The terms of this Authorization shall remain in full force and effect unless and until the Credit Union actually receives, and has a reasonable time to act upon, notice of change of notice of termination from me in writing signed by a duly authorized officer save that any such notice will not release me from any liability under this Authorization and indemnity in respect of any act performed by the Credit Union in accordance with the terms of this Authorization prior to the expiry of such time. Notice will not be deemed to have been received by you until it is brought to the attention of your employee to whom it is addressed.
5. The Credit Union shall have the right in its sole discretion to refuse any instructions received by Electronic Communication without liability of any kind.

6. I hereby represent and warrant to the Credit Union that
 - a. all corporate and internal action, and
 - b. all approvals and consents
 of any nature whatsoever necessary to execute, deliver and perform this Authorization have been taken and obtained, and this Authorization constitutes a legal, valid and binding obligation enforceable in accordance with its terms.
7. All payments made pursuant to this Authorization shall be made at the Credit Union's offices at Bladen commercial Development, Basseterre in good and immediately available currency in the following order of priority
 - a. firstly, in the currency of the account; and
 - b. secondly, in the currency of the Eastern Caribbean or the United States as directed by the Credit Union and free and clear of any deductions, withholding, set-off or counterclaim of any nature whatsoever.
8. I enclose a duly certified copy of a resolution of our Board passed on the _____ day of _____ authorizing any one of

Name of Authorized Person

Name of Authorized Person

Name of Authorized Person

Name of Authorized Person

to act on our behalf in the giving of instructions to you and the conclusion of agreements with you by Electronic Communication.

9. To Secure all of my direct and contingent obligations hereunder, the Credit Union is given a first-ranking security interest in, and a right to set-off against all my funds, properties or assets now or hereafter on deposit with or in the possession of the Credit Union or any of its subsidiaries or affiliates.
10. Where any party to this Authorization for the time being comprises two or more persons, obligations expressed or implied to be made by or with that party are deemed to be made with the persons comprising that party jointly and severally, and words importing one gender include all other genders, words denoting persons shall include natural persons, bodies corporate, unincorporated associations and partnerships, and words importing the singular include the plural and vice versa.
11. This Authorization shall be governed by the laws of the Federation of Saint Christopher and Nevis solely.

Dated this _____ day of _____

Name

Name

Signature

Signature

Title

Title

For and on behalf of:

Account Holder

FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED

CONSENT TO DISCLOSURE AGREEMENT

TO: FND ENTERPRISE COOPERATIVE CREDIT UNION LTD ("The Institution")

FROM:

Account Holder

IN CONSIDERATION of you dealing with or considering all or any of my business, financial or commercial affairs and transactions of any kind, I the undersigned Customer hereby **AUTHORIZE** and **GIVE CONSENT** to you, your successors, agents and assigns to disclose information to third parties about my Account (s) or the transactions I/we make in the following circumstances:

- (1) In order to verify the existence and condition of *my* account for credit bureaus *and like agencies*
- (2) In order to comply with *directions* of a regulatory *body or* agency, orders from a regulatory *body or* agency , court orders *by any Court of competent jurisdiction within the Federation* or under the provisions of *any law* of the Federation
- (3) In order to comply with *reasonable* and *legitimate* requests from other financial institutions *in circumstances where it is necessary for completing business transactions on my behalf*
- (4) In response to requests of persons providing services to the Institution *as long as those persons maintain confidentiality agreements with you*
- (5) Where you have received written instruction(s)/ permission from myself, my heirs or my legal representatives

AND I HEREBY GRANT the said **AUTHORISATION AND CONSENT** to any such person who has acquired any knowledge of my business, financial or commercial affairs and transactions in his/her capacity as a director, manager, secretary, officer, employee or agent of the Institution

This **AUTHORISATION AND CONSENT** shall apply to all information of whatever nature now known to you or which you hereafter obtain or attempt to obtain in relation to me.

This Agreement:

- (a) shall subsist notwithstanding any Law that prohibits the giving or receiving of such information;
- (b) shall survive the termination of any or all relationships between the Institution and myself;
- (c) and is and shall be a continuing authorization to you.

Where any party to this Agreement for the time being comprises two or more

persons, obligations expressed or implied to be made by or with that party are deemed to be made with the persons comprising that party jointly and severally, and words importing one gender include all other genders, words denoting persons shall include natural persons, bodies corporate, unincorporated associations and partnerships, and words importing the singular include the plural and vice versa.

This Agreement shall be governed by the laws of the Federation of Saint Christopher and Nevis.

Dated this day of

Name

Name

Signature

Signature

Title

Title

For and on behalf of:

Account Holder

FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED

Declaration of Activities, and Source of Funds

I, _____
(Name of Customer)

of

(Address)

hereby declare under penalty of perjury and in the presence of the undersigned Notary Public as follows:

1. That I am employed as: (if retired state source of income)

(Description of Position)

2. That funds to be deposited into my account with the FND Enterprise Cooperative Credit Union Ltd in St. Kitts (hereinafter called "the Credit Union") will be only those which are derived by lawful means of employment or other legal source of income.

3. That the anticipated aggregate monthly deposits to my account with the credit union would be:

(Currency and Amount)

4. That I am aware that I will have to execute additional documents for all transactions over US\$10,000 or its equivalent in any currency in the first instance or for any other amount as may be required from time to time by the Credit Union.

5. That the particulars of each signatory to the account including myself, are given in the Schedule of this Declaration (hereinafter called "the Schedule") and that I/we will notify the Credit Union immediately upon any change.

6. That the names and addresses given in the Schedule are, in fact, the true names and addresses of the persons listed therein and that in respect of the names no aliases are used.

I make this Declaration conscientiously knowing that same to be true.

Made at _____
(Place)

(Signature of Declarant)

This _____
(Date)

Before _____
(Name of Notary Public)

(Signature and official Seal of Notary Public)

(Address of Notary Public)

FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED

The Schedule
(Particulars of the Signatory(ies) of the Account)

PLEASE READ THE NOTES ON PAGE 2 AND 3 OF THIS DECLARATION BEFORE COMPLETING THE TABLE BELOW

FULL NAME, RELEVANT DATE, NATIONALITY AND SOCIAL SECURITY NUMBER/TAX IDENTIFICATION NUMBER	CURRENT ADDRESS

Notes to Schedule

1. The following terms used in the Schedule shall have the following meanings:
 - a) “Current Address” means the current residential address of an individual or, in the case of an organization, the address of its current place of business.
 - b) “Declaration” means this Declaration, including the Schedule.
 - c) “Full Name” means forename, middle name (if any), last name, and former name (if any) of and individual or, in the case of an organization, its unabridged legal name.
 - d) “Individual” means any individual or organization.
 - e) “Nationality” means the nationality of an individual or, in the case of an organization, the country under the laws of which it was incorporated, registered or otherwise established.
 - f) “Person” means any individual or organization.
 - g) “Organization” means any company, partnership, association or other body of persons, whether corporate or unincorporated.
 - h) “Regulated Person” means any person authorized to carry on a business which is regulated by the Regulator appointed for the Island of Saint Christopher and the Island of Nevis as the case may be under the Financial Services Act, 2000.
 - i) “Relevant Date” means the date of birth of an individual or, in the case of an organization, the date on which it was incorporated registered or otherwise established.
 - j) “Tax Identification Number” means the number used to identify corporations and individuals for tax purposes.
 - k) “Social Security Number” is a number assigned by a governmental body to keep track of earnings.
2. The Signatories to the account must submit this Declaration to the Credit Union together with the following supporting documents:
 - a) In respect of every signatory to the account

- i. Certified photocopies of the first three pages of the passport and any one of the following forms of identification, national identity card, armed forces identity card or Drivers License.
3. Documents to be submitted to the Credit Union will only be accepted by it if they fully comply with the following:
 - a) All documents must be in English or accompanied by a translation acceptable by the Credit Union.
 - b) Copies of Documents must be certified by a Notary Public or Commissioner for Oaths.
 - c) The Notary Public or Commissioner for Oaths must submit copies of identification documents which must clearly show his/her full name, date of birth, recognizable picture, and signature as well as the date on which such documents expire and his/her address must be clearly disclosed.
 - d) Copies of identification documents must clearly show full name, date of birth, recognizable picture, and signature of the Beneficial Owner named therein as well as the date on which such documents expire.

The Manager
FND Enterprise Cooperative Credit Union
Bladen's Commercial Development
Basseterre, St. Kitts

Date: _____

Please supply me/us with _____ Cheque book (s) containing _____ cheques and debit same to my/our account, Number _____

Date to be collected _____

\$ _____

The Manager
FND Enterprise Cooperative Credit Union
Bladen's Commercial Development
Basseterre, St. Kitts

Date: _____

Please supply me/us with _____ Cheque book (s) containing _____ cheques and debit same to my/our account, Number _____

Date to be collected _____

\$ _____

The Manager
FND Enterprise Cooperative Credit Union
Bladen's Commercial Development
Basseterre, St. Kitts

Date: _____

Please supply me/us with _____ Cheque book (s) containing _____ cheques and debit same to my/our account, Number _____

Date to be collected _____

\$ _____

MANDATE FOR OPENING JOINT ACCOUNT

TO: FND ENTERPRISE COOPERATIVE CREDIT UNION

Date: _____

We, the undersigned _____

Hereby appoint you our Financial Institution and authorise and request you to open an account in our joint names and:

- 1) To honour and comply with all cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments and orders expressed to be drawn, accepted, made or given by * _____ of us at any time or times whether the current account is overdrawn or any overdraft increased by any payment thereof or in relation thereto or is in credit or otherwise but without prejudice to your right to refuse to allow any overdraft or increase of overdraft and for any balance on the said account which may become due to you at any time we agree to be jointly and severally liable and that in the event of the death of any one or more of us we agree the survivor(s) shall have full control of all monies then and thereafter standing to the credit of the said account and of all securities and articles deposited with you in our joint names.
- 2) To honour and comply with all instructions to deliver or dispose of any securities or documents or property held by you on our behalf; to hold us liable on all agreements and indemnities in connection with the issue of letters of credit, drafts and telegraphic transfers and with all banking transactions. Provided any such cheques, drafts bills of exchange, promissory notes, acceptances, negotiable instruments, orders, instructions agreements and indemnities are signed by * _____ of us.
- 3) If the said account shall become overdrawn you shall be entitled to charge compound interest on the sum by which the said account is overdrawn calculated on daily balances with interest and that the rate of interest charged from time to time shall be at your sole discretion. You shall not be bound to notify us in advance of any change in the rate of interest but on receipt of a written request from us you shall be obliged to specify the rate of interest being charged at the time of such request.
- 4) To treat all cheques, drafts, bills of exchange, promissory notes, acceptances negotiable instruments and orders as being endorsed on our behalf and to discount or otherwise deal with them provided such endorsements purport to be signed by * _____ of us.
- 5) To permit * _____ of us in our names and on our behalf to negotiate for and take advances by way of discounts, loans, overdrafts or otherwise with or without security and pledge any species of security for repayment of such advances.
- 6) We further authorise and request that subject to any specific instructions to you to the contrary, all payments and remittances received by you from time to time in the names (s) or for the credit of either or any one or more of us shall (unless there shall be at your same branch an account in such name(s) to which such payments and remittances shall be credited) be placed by you to the credit of such joint account.

We declare ourselves jointly and severally liable on all the foregoing transactions.

***INSERT ONE OF THE FOLLOWING
EITHER, BOTH, ANYONE OR MORE, ALL**

Date Received

Recorded

Approved

**SOURCE OF FUNDS DECLARATION
LARGE TRANSACTION REPORT**

Banking Regulations require that we verify the source of funds of this transaction. The information is for record purposes only and may be disclosed only to legally authorized agencies.

Date of Transaction: _____

SECTION A PARTICULARS OF CUSTOMER

1. NAME OF INDIVIDUAL (LAST, first, middle) or Company	2. NAME OF PERSON CONDUCTING TRANSACTION:
3. PERMANENT RESIDENTIAL ADDRESS:	4. OCCUPATION or NATURE OF BUSINESS:
5. HOME TELEPHONE:	6. WORK TELEPHONE:
7. NATIONALITY:	8. DATE OF BIRTH:

SECTION B IDENTIFICATION OF DEPOSITOR / PERSON CARRYING OUT TRANSACTION

9. FORM OF IDENTIFICATION:	10. DATE OF ISSUE:
11. PLACE OF ISSUE:	12. IDENTIFICATION #:

SECTION C PARTICULARS OF TRANSACTION

13. ACCOUNT #:	14. CURRENCY:	15. AMOUNT:
<input type="checkbox"/> DEPOSIT – cash / cheque <input type="checkbox"/> DEPOSIT – CURRENCY EXCHANGE <input type="checkbox"/> DEPOSIT - INCOMING WIRE <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER (please specify)		

SECTION D SOURCE OF FUNDS DECLARATION

16. I hereby declare that the source of funds is: _____

_____ Signature of Member: _____

SECTION E FOR USE BY CREDIT UNION ONLY

<input type="checkbox"/> TRANSACTION ACCEPTED <input type="checkbox"/> TRANSACTION DECLINED	<input type="checkbox"/> MEMBER REFUSED TO SIGN FORM <input type="checkbox"/> MEMBER EXPLANATION NOT REASONABLE
Remarks: _____ _____	
SIGNATURES OF: Staff completing transaction: _____ Supervisor: _____ Date: _____	