

MEMBER APPLICATION FORM

Account Opening Documentation Checklist:

- Identification
 TRN/Social Security NO. (US Residents)/National Insurance NO. (UK Residents)
- 2 References
 Proof of Address
- Proof of Employment/Source of Income (Self-Employed Persons)

PERSONAL DETAILS

Title: <input type="checkbox"/> Mr. / <input type="checkbox"/> Mrs./ <input type="checkbox"/> Ms./ <input type="checkbox"/> Dr. / <input type="checkbox"/> Prof.		Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female		Date of Birth (dd/mm/yyyy)	
Last Name		Middle Name		First Name	
Maiden Name		Alias(es)		Mother's Maiden Name	
Marital Status: <input type="checkbox"/> Single / <input type="checkbox"/> Married / <input type="checkbox"/> Divorced / <input type="checkbox"/> Widowed					TRN
Place of Birth		Country of Birth		Nationality	
Home Address (Current)					
Home Address (Previous)					
Mailing Address (If different from above)					Number of Dependents

EMPLOYMENT INFORMATION

<input type="checkbox"/> Employed / <input type="checkbox"/> Self Employed / <input type="checkbox"/> Retired / <input type="checkbox"/> Unemployed		Employee #	Occupation
Name of Employer/Business			
Address of Employer/ Business			

INCOME INFORMATION (ANNUAL)

<input type="checkbox"/> Up to \$200,000.00 <input type="checkbox"/> \$200,000.00 to \$499,999.00 <input type="checkbox"/> \$500,000.00 to \$999,999.00 <input type="checkbox"/> \$1M to \$3M <input type="checkbox"/> Over \$3M		
Source of Income	Additional Source of Funds	Expected Monthly Contributions/Savings

CONTACT INFORMATION

Mobile (Work)#	Mobile (Personal)#	Work #
Home #	Email (Personal)	
Email (Work)		

IDENTIFICATION

<input type="checkbox"/> Driver's License #	<input type="checkbox"/> Passport#	<input type="checkbox"/> Voter's ID #	<input type="checkbox"/> Other ID #
Date Issued	Expiry Date	Country Issued	

STATEMENT & COMMUNICATION

Where do you want your correspondences or quarterly statement sent?
 I will collect
 Request via email
 By Post

FOR OFFICE USE ONLY

Member Account #	Accounts To Be Operated Initially				
	<input type="checkbox"/> Shares Account	<input type="checkbox"/> Special Deposit	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Life Long	<input type="checkbox"/> Other



JPS & PARTNERS
CO-OPERATIVE CREDIT UNION LTD.
Your Financial Partner For Life

REFERENCE FOR OPENING AN ACCOUNT (Reference 1)

Last Name	Middle Name	First Name
Name of Employer/Business		
Work Address		
Occupation	Email Address	
Mobile Number	Home Number	Office Number

REFERENCE FOR OPENING AN ACCOUNT (Reference 2)

Last Name	Middle Name	First Name
Name of Employer/Business		
Work Address		
Occupation	Email Address	
Mobile Number	Home Number	Office Number

NOTES

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PAYMENT ALLOCATION AUTHORIZATION

Name of Product	Monthly Amount (\$)
TOTAL MONTHLY DEDUCTIONS	

Signature of Member

Date (DD/MM/YYYY)

AUTOMATED SERVICE APPLICATION

ATM <input type="checkbox"/>	New Card <input type="checkbox"/>	Account Code:	ATM Limit _____
Internet Banking <input type="checkbox"/>	Replacement <input type="checkbox"/>		POS Limit _____
5	3	5	7
9	2	7	4
5			

Signature of Member

Date (DD/MM/YYYY)

FOR INTERNAL USE ONLY

PINNED / PROCESSED BY

Date (DD/MM/YYYY)

APPROVED BY

Date (DD/MM/YYYY)

ACTIVATED BY

Date (DD/MM/YYYY)

RISK RATING

Risk Rating: Low Medium High

OFAC & UN Sanction List Finding: Yes No

Politically Exposed Person: Yes No

If High Risk, Approved by:

Management

Date

MEMBERSHIP APPROVAL

Application received at CU on the _____ day of _____

Application approved based on recommendation of (tick as appropriate):

- A member of the Board of Directors
- A member of the subcommittee appointed by the Board
- The member recommending the applicant

The application was approved at a meeting of the Board of Directors, or the Subcommittee appointed by the Board held on the _____ day of _____, 20____ and entered into the Minute Book/Credit Union Records.

President/Secretary/Asst Secretary/Board Member/Sub-Committee Chairperson



Self-Certification of Residency Form

Individual Self-Certification

We are obliged under the Standard for the Automatic Exchange of Financial Account Information in Tax Matters (AEOI) and any and all enactments supporting the implementation of the AEOI to improve tax compliance to facilitate cross-border tax transparency on financial accounts held abroad.

As a result, we are also obligated to collect certain information about each Account Holder's tax arrangements.

Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities.

If any of the information below about your tax residence changes in the future, please ensure you advise us of these changes promptly.

Section 1: Account Holder Identification

Account Holder's Full Name Date of Birth (dd/mm/yyyy) Place and Country of Birth

Permanent Residence Address:

Number & Street

City/Town

State/Province/County:

Post Code:

Country:

Mailing Address (if different from above):

Number & Street

City/Town

State/Province/County:

Post Code:

Country:



Section 2: Declaration of Citizenship or Residence for Tax Purposes

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number.

Section 3: Declaration and Undertakings

I declare that the information provided in this Form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature:	Date: (dd/mm/yyyy):
Print Name of Signatory	Capacity in which signatory is acting (if form is being signed on behalf of a minor): <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Trustee <input type="checkbox"/> Individual Authorized by the Courts

Section 4: For Internal Use Only

Credit Union Personnel Certification:

Following my assessment of the AML/CFT information and documentation provided by the Account Holder, I confirm that the self-certification provided above seems:

- Reasonable
- Unreasonable; Account Holder requested to provide a revised Self-Certification.

Signature:	Date: (dd/mm/yyyy):
Print Name of Signatory	If ' Unreasonable ' is selected, please give reasons for this selection



INDIVIDUAL AUTHORITY AND INDEMNITY FOR ELECTRONIC MAIL & MOBILE INSTRUCTIONS

THIS DEED OF AUTHORITY AND INDEMNITY is made the _____ day of _____ 20____, **BETWEEN** _____ in the parish of _____ (hereinafter called "the Member") of the FIRST PART, AND **JPS & PARTNERS CO-OPERATIVE CREDIT UNION LIMITED**, with registered office situated at No. 65 ¾ Half Way Tree Road, Kingston 10 in the parish of Saint Andrew, (hereinafter called "the Credit Union") of the OTHER PART.

WHEREAS:

- A. The Member has notified the Credit Union of the email address from which electronic mail will be sent by the Member from time to time (hereafter referred to as "the designated email address")
- B. The Member has notified the Credit Union of the mobile contact number from which instant messaging will be sent by the Member from time to time (hereafter referred to as "the designated contact number")
- C. The Member from time to time requests that the Credit Union honour his/her instructions sent by means of instant messaging and electronic mail transmissions to the Credit Union in relation to any and all of the Member's existing accounts, facilities and other arrangements with the Credit Union and any accounts, facilities and other arrangements which the Member may now or in the future have with the Credit Union (instructions sent by such transmissions being hereinafter referred to as "instant messaging or electronic mail instructions").

IN CONSIDERATION of the Credit Union agreeing to accept instant messaging or electronic mail instructions from the Member as aforesaid, subject to the necessary security verification, the Member agrees:

1. That notwithstanding any other agreement or course of dealing between the Credit Union and the Member; the Member hereby requests and authorizes the Credit Union (but does not oblige the Credit Union) to rely upon and act in accordance with any instruction or communication which may from time to time be or purport to be given by instant messaging, or electronic transmission by the Member.
2. That the Credit Union may act on any such instant messaging, electronic mail or facsimile instructions given by the Member from time to time, and the Member voluntarily and with full knowledge takes and assumes any and all risks, associated therewith, in particular those

due to transmission mistakes, misunderstanding or identification errors, and fully discharges the Credit Union from the same.

3. Once the Member's instructions which are sent via electronic mail from the designated email address, or instant messaging is done from the designated contact number the Credit Union shall have no obligation to check or verify the authenticity or accuracy of such instant messaging or electronic mail instructions purporting to have been sent by the Member (regardless of whether the Credit Union may have, or in the future, choose to check or verify) and may act thereon as if same had been duly given by the Member.
4. That the Credit Union shall be absolved of any and all responsibility for any loss or liability of any nature (directly or indirectly) suffered by the Member as a result of any error in transmission of any instant messaging or electronic instruction or communication, or as a result of the Credit Union acting on any electronic instruction or communication the Credit Union believes in good faith to have been made by the Member, and the Credit Union is authorized to act without further enquiry upon any instant messaging or electronic instruction or communication believed in good faith by the Credit Union to be an instruction or communication so given or made.
5. That in acting on instant messaging or electronic mail instructions the Credit Union shall be deemed to have acted properly, and to have fully performed all obligations owed to the Member, notwithstanding that such instant messaging or electronic mail instructions may have been initiated, sent or otherwise communicated in error or fraudulently, and the Member shall be bound by such instant messaging or electronic mail instructions on which the Credit Union may act if the Credit Union has in good faith acted in the belief that such instant messaging or electronic mail instructions were given by the Member.
6. The Member shall not provide the Credit Union with written instructions bearing original signature(s) where prior instructions to effect the same transaction have been sent to the Credit Union by instant messaging or electronic mail, unless specifically requested by the Credit Union. The Member acknowledges that where instant messaging or electronic mail instructions are followed by subsequent written instructions bearing original signature(s) contrary to the above, this may lead to the Credit Union giving effect to these instructions more than once (reference to "duplicated instructions" or "duplication" means the submission by the Member of instructions by instant messaging or electronic mail and in writing, regardless of whether such submissions are identical).

The Member acknowledges that in such event he/she shall bear the risk of such duplication occurring, and shall indemnify and hold the Credit Union harmless against all losses, liabilities, claims or damages which may arise as a result of the Credit Union acting more than once on such duplicated instructions.

7. That the Credit Union may, in its absolute discretion, postpone the carrying out of any instructions given by instant messaging or other electronic means or may decline to act on or in accordance with the whole or any part of instant messaging or electronic mail instructions pending such further enquiry or confirmation (whether written or otherwise) by the Member as it deems appropriate. It is understood and agreed however, that the Credit Union shall be under no obligation to so decline in any case and the Credit Union shall in no event or circumstances be liable in any respect for not so declining.

8. To release the Credit Union from and indemnify the Credit Union against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, the Credit Union having acted in accordance with the whole or any part of any instant messaging or electronic mail instructions, or having exercised (or failed to exercise) the discretion conferred upon the Credit Union in Clause 7 above.
9. The terms of this Authority and Indemnity shall remain in full force and effect unless and until the Credit Union receives (and has reasonable time to act upon) a note of termination from the Member in writing bearing the original signature of the Member, save that such termination will not release the Member from liability under this Authority and Indemnity in respect of any act performed by the Credit Union in accordance with the terms of this Authority and Indemnity prior to the expiry of such time.
10. Irrespective of the place of origin of any instant messaging or electronic mail instructions the indemnity given above cover all existing and future accounts of the member and shall be governed by and construed in accordance with the laws of Jamaica.
11. The member's signature and any other relevant information noted in this Indemnity form shall be verified by the office before it is deemed authentic by the Credit Union.

EXECUTED AS A DEED BY:

Member's Signature

Member's TRN

Member's e-mail address

Member's contact number

Date

In the presence of:

Name of Witness - Designated Credit Union Representative

Signature of Witness

Date

The Credit Union Stamp