 **Mabouya Valley Co-operative Credit Union Society Limited**

*Richfond, Dennery, St Lucia*

*Post Office Box QRS210*

Tel: (758) 453-8024 / 453-3819 Mobile: (758)720-5204 Fax: (758 453-3416 Int’l: 1 (347) 298-1288 Email: info@mvccu.net

**Application Form: Organization/Business/Company/Club**

Date of application: …………………………….. Passbook No.: ……………………. Account No.: …………………..

Name of Business: …………………………………………………………………………………………………………………………………………

Nature of Business: ………………………………………………………………………………………………………………………………………..

Date of Registration: ………………………….. Registration No.: …………………… Business Tel. No. ………………………………………….

Principal place of Business: ………………………………………………………………………………………………………………………………..

1. Name of Owner(s): ……………………………………………………………………………………………………………………………..

Residential Address of owner (s) ………………………………………………………………… Country of Birth: ………………………………...

Mailing Address of owner(s): …………………………………………………………………… Nationality ……………………………………….

Contact Details: Home: ………………………… Mobile; ………………………….. Email: …………………………………………………….

Date of Birth: ………../…………/…… … Gender: (a) Male (b) Female

Identification: NIC #: …………………. ID #: ………………. Passport #: ………………… Drivers’ Licence # ……………..

Expiry Date: ………/…….../………

Marital Status: (a) Single (b) Common Law (c) Married (d) Divorce (e) Seperated

**Foreign Account Tax Compliance Act (FATCA) Requirements**

Are you a United States Citizen or Permanent residence? (a) Yes (b) No Social Security No……………….. TIN No……………………

**Trustees/Signature for withdrawals**

At a meeting of the organization held on ………………………………………………………………………..

It was agreed that the following members be authorized to sign and withdraw monies from the above account of the organization held at the Mabouya Valley Co-operative Credit Union Society Limited.

1. Name:…………………………………………………………………………………………………………………………………………………

Position: …………………………………………………………………………………………………………………………………………………...

Residential Address: …………………………………………………………………… Country of Birth: …………………………………………...

Date of Birth: …………../…..…/…………. Gender: (a) Male (b) Female Nationality ………………………………………………….

Identification: NIC #: …………………. ID #: ………………. Passport #: …………………… Drivers’ Licence ……………..

Expiry Date: ………/…….../………

Marital Status: (a) Single (b)Common Law (c) Married (d) Divorce (e) Seperated

Occupation/Position: ……………………………………………………………………………………………………………………………………….

Contact Details: Home: …………………………. Mobile: ……………………………. Email: …………………………………

**Signature: ………………………………………………**

1. Name:……………………………………………………………………………………………………………………………………………….

Position: …………………………………………………………………………………………………………………………………………………...

Residential Address: …………………………………………………………………… Country of Birth: …………………………………………...

Date of Birth: …………../…..…/…………. Gender: (a) Male (b) Female Nationality ………………………………………………….

Identification: NIC #: …………………. ID #: ………………. Passport #: …………………… Drivers’ Licence # …………...

Expiry Date: ………/…….../………

Marital Status: (a) Single (b)Common Law (c) Married (d) Divorce (e) Seperated

Occupation/Position: ……………………………………………………………………………………………………………………………………….

Contact Details: Home: …………………………. Mobile: ……………………………. Email: …………………………………

**Signature: ……………………………………………….**

1. Name:………………………………………………………………………………………………………………………………………………..

Position: …………………………………………………………………………………………………………………………………………………...

Residential Address: …………………………………………………………………… Country of Birth: …………………………………………...

Date of Birth: …………../…..…/…………. Gender: (a) Male (b) Female Nationality ………………………………………………….

Identification: NIC #: …………………. ID #: ………………. Passport #: …………………… Drivers’ Licence ……………..

Expiry Date: ………/…….../………

Marital Status: (a) Single (b)Common Law (c) Married (d) Divorce (e) Seperated

Occupation/Position: ……………………………………………………………………………………………………………………………………….

Contact Details: Home: …………………………. Mobile: ……………………………. Email: …………………………………

**Signature: ……………………………………………….**

It was also agreed that: (a) **All signatories must sign** (b) **any two signatories must sign**

**(c) Anyone and the Treasurer must sign (d) other, please specify ……………………………………………..**

**Secretary: …………………………………………………………. President/Chairperson: ………………………………………………………..**

………………………………………………….

Signature of Credit Union Official

**For Official Use Only**

Processed by Name: …………………………………………………… Signature: ………………………………………

Approval Secretary: ……………………………………… Date: …………………………………..