MON REPOS EASTERN CO-OPERATIVE CREDIT UNION (1968) LTD.

Mem	bership	\Diamond		Update	\Diamond
Non-meml	per deposito	r 🔷		Business deposito	r 🔷
Date:				Account #:	
A. Mem	<u>bership</u>				
Iember's Na	ame/ Business	Name:			
dias:	Date	of Registrati	on:	Reg. No	
ate of Birth	:		Se	x: M□ F□	
Aarital Statı	us: Single □	Married □	Divorced □	Child □ Widow(er) □	☐ Common-Law ☐
Country of B	irth:			Nationality:	
D #:	DL#:_		_Soc Sec#:	Passp	port#:
Residential A	Address:				
Aailing Addr	ess:				
Iome Phone	#•	Cell	l Phone #·	Work P	Phone #:
	·		1 1 Hone //		· · · · · · · · · · · · · · · · · · ·
Email addres	ss:			Employers Name:	
Email addres	SS:			Employers Name:	
Email addres Occupation: Employers A	ddress & cont	tact informa	tion:	Employers Name:	
Email addres Occupation: Employers A	ddress & cont	tact informa	tion:	Employers Name:	
Email address Occupation: Employers A B. <u>Joint</u>	ddress & cont	tact informa	tion:son / Busine	Employers Name:	
Email address Occupation: Employers A B. Joint	ddress & cont Owner /Autl Please select	act informa norized Per applicable o	tion:son / Busine	Employers Name: ss Partner Informatio	<u>on</u>
Email address Occupation: Employers A B. Joint 1. Joint	ddress & contour of the contour of t	tact informa norized Per applicable of Author	tion: son / Busine description f	Employers Name:ss Partner Information	on artner Data□
Email address Occupation: Employers A B. Joint 1. Joint Name;	ddress & contour of the contour of t	tact informa norized Per applicable of Author	tion: son / Busine description f rized Person Re	Employers Name:ss Partner Information for party below. Business P	on artner Data□
Email address Occupation:_ Employers A B. Joint 1. Joint Name; Date of Birth	ddress & conto Owner /Autlone Please select Owner Data	tact informanorized Perespectation	tion: son / Busine description f rized Person Re	Employers Name:ss Partner Information for party below. Business P	on artner Data□
Email address Occupation:_ Employers A B. Joint 1. Joint Name; Date of Birth Country of	ddress & contour description of the contour desc	tact informa	tion: son / Busine description f rized Person Re	Employers Name:	on artner Data□
Email address Decupation:_ Employers A B. Joint 1. Joint Name; Date of Birth Country of Residential A	ddress & contour Cowner /Autl Please select Owner Data : Birth:	tact information in the section in t	tion: son / Busine description f rized Person Re	Employers Name:	on artner Data□
Email address Decupation:_ Employers A B. Joint 1. Joint Name; Date of Birth Country of Residential A Contact #	ddress & contour description of the description of	tact informa	tion: son / Busine description f rized Person Re	Employers Name:	on artner Data□
Email address Decupation:_ Employers A B. Joint 1. Joint Name; Date of Birth Country of Residential A Contact # Signature:	ddress & contour Cowner /Autl Please select Owner Data : Birth:	tact information in the section in t	tion:son / Busine description for the line of t	Employers Name:	on artner Data□

	2. <u>Joint Owner Data</u> □ <u>Authorized Persons Data</u> □ <u>Business Partner Data</u> □
Na	nme; Relationship:
Da	ate of Birth:
Co	ountry of Birth: Nationality:
Re	esidential Address:
O	ccupation:
Co	ontact #ID#:
Sig	gnature: Date joined:
,	3. Signature requirements (Joint Owner and Business Partner ONLY):
(One (1) \square Both (2) \square
(Other (Specify):
	C. Affiliation with other Credit Unions
	I already belong to the following Co-operative Societies: (a)
(b)	(c)
2.	Was potential member issued dual membership form? □Yes □No □Other (specify)
-	D. Source of Funds / Wealth:
thi pro	ne information in this section enables the MRECCU to better understand the transactions passing rough your account. If the information provided is not clear and is not consistent with other information ovided we may have to request from you further clarification. This may delay the processing of your plication and transactions.
1.	Purpose of Account:
	Day to day expenses □ salary income □ dividend payments □ Savings □ Investment / savings □ payment to suppliers □ standing orders □ Loans □
2.	Source of original deposit:
	Accumulated savings Consultancy fees Inheritance Insurance pay out Investment returns Loan proceeds Salary/bonus Other bank Sale of property (land, vehicle, etc.)
3.	Source of funds for continued funding of account:
	Retirement income ☐ Consultancy fees/dividends ☐ Inheritance ☐ salary income ☐ Investment returns ☐ Loan proceeds ☐ Business activities ☐ cash / checks ☐
4	Average monthly income to fund your account: \$

E. FATCA and CRS compliance requirements

The Foreign Account Tax Compliance Act (FATCA) was enacted by the United States (US) in 2010 and compels certain foreign financial institutions (FFIs) and non-financial entities (NFEs) to report on applicable financial accounts held by US citizens or by foreign entities in which a specified US person is a controlling person (holds substantial ownership). This legislation ultimately aims to stop tax evasion and to improve income tax compliance. On November 19th 2015, Saint Lucia signed a model 1A (reciprocal) Inter-governmental Agreement (IGA) with the US with respect to FATCA.

The Automatic Exchange of Financial Account Information (AEOI) became a global standard in 2013 and was derived from Article 26 of the OECD Model Tax Convention. Under this regime, reporting financial institutions are required to provide information related to reportable financial accounts held by non-resident individuals, from reportable jurisdictions. All information relating to the Automatic Exchange of Financial Account Information Act No.22 of 2016 and its associated amendments and regulations and any other guidance notes provided by the Competent Authority of Saint Lucia and/or the OECD is available on the Inland Revenue Department website.

REPORTABLE ACCOUNT – 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.

ACCOUNT HOLDER – The person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution (FI), 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.

PARTICIPATING JURISDICTION – 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(CRS) and that is identified in a published list.

REPORTABLE JURISDICTION — A jurisdiction with which an obligation to provide financial account information is in place and that is identified in a list published by the Government of Saint Lucia in the Gazette. REPORTABLE PERSON — 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.

CONTROLLING PERSON – This is a natural person who exercises control over an entity (business other than a sole trader). 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.

FINANCIAL ACCOUNT – An account maintained by a Financial Institution (FI) and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

TIN - (including "FUNCTIONAL EQUIVALENT") — An acronym for 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.

	Are you a Citizen <u>or</u> Permanent Resident of any other country	y? □Yes	□No
2.	Name of Country(s):		
3.	What is your Social Security number?	TIN #	
4.	Are you a grantee of a Power of Attorney and/or a holder of address?	a Power of A ☐Yes	ttorney for a person with a U.S. \square No
	If Yes please state account holder's name.		
5.	Are you a holder of a U.S. GREEN CARD?	□Yes	\square No

F. Politically Exposed Person Status (PEPS)

Politically Exposed Person - a senior official in the executive, legislative, administrative, military or judicial branches of a foreign or domestic government (whether elected or not); (b) a senior official of a major foreign or domestic political party; (c) any corporation, business or other entity formed by, or for the benefit of, a senior political figure; (d) 'immediate family' i.e. parents, siblings, spouse, children and in-laws as well as 'close associates' (i.e. person known to maintain unusually close relationship with PEPs).(MLPA Cap. 12.20)

1.	Primary Member / Joint Member - Are	e you politically	exposed? □Yes	□No	
	Minister of Government ☐ Member of Pa	arliament Offi	cial of political party	y □ Mayor □ C	Other \square
2.	Please indicate your relationship(s) to t	he politically ex	posed person(s) (se	elect all that apply)	:
	Sibling □ Partner □ C	hild □ Par	ent □ Aunt □	☐ Uncle ☐	
	Brother in-law □ Sister in-law □	Business Associat	e 🗆 Close associa	ate Grandparer	nt 🗆
3.	Authorized Signatory - Are you politica	ılly exposed? □	Yes □No		
	Minister of Government ☐ Member of Par	liament Offic	ial of political party	□Mayor □ Oth	ner 🗆
3.	Please indicate your relationship(s) to t	he politically ex	posed person(s) (se	elect all that apply)	:
	Sibling \square Partner \square	Child \square	Parent \square	Aunt □ Uncle □]
	Brother in-law □ Sister in-law □	Business Associat	e 🗆 Close associa	te Grandparer	nt 🗆
CERT	IFICATION I/We hereby certify that the	statements and	nformation on this	application form	are true and
corre	ct to the best of my knowledge, informat	ion and belief, a	nd I authorize the N	Mon Repos Eastern	Co-operative
	t Union (1968) Ltd. (MRECCU) to investiga				
	. I/we further understand that MRECCU is	•	· •	_	
	cluding but not limited to, report any sus	•		ncial Intelligence Au	thority of St.
Lucia	or other relevant governmental agency th	at may exist from	time to time		
Mem	ber's Signature:		Date:		_
Auth	orized Signature:		Date:		
, (0.01)					
Witn	iess (MSR) Signature:		Date:		
Na	ame (MRECCU Senior Officer/ Supervisor)	Signature:	D	Pate & Stamp:	
G.	Compliance Officer / (Departmen	<u>t) only</u>			
	PLIANCE CONFIRMATION OF DOCUMENTS				_
	following KYC documents have been ECCU	verified and re	tained, in complia	ance with the AM	L policy of
\square P	rimary Member Signature		Authorized / Joint	Signature (if any)	
\square C	onfirmation of Address e.g. Utility Bill	☐ Other			
\square S	alary Slip / Job letter	☐ Driver's License			
□N	ational ID card	☐ Passport			
□В	irth Certificate	☐ Other			
Leve	el of overall AML Risk to MRECCU	□Low	□Medium	□High	
	roved by Compliance Officer		Dat		