



**ST. FRANCIS XAVIER CREDIT UNION
LIMITED
MEMBERSHIP FORM**

Account No: _____

Branch: _____

Date: ____/____/____

IMPORTANT INFORMATION ABOUT APPLYING FOR REGISTRATION AS A MEMBER WITH SFXCU.

To help the Government of Belize fight terrorism and money laundering, Section 15 of the Money Laundering & Terrorism (Prevention) Act (MLTPA) requires us to obtain, verify, and record information that identifies individual that opens an account. What this means for you: When you open an account or establish a relationship, we will ask for your name, date of birth, street address, and a government issued identification. We may also ask to see other government issued identification or other identifying documents that will allow us to identify you. Under the MLTPA you are subject to disclose the source of funds and may require providing proof of your source of funds.

New Account Application **Updating of Account information** **Joined Date:** ____/____/____

Are you a member of another Credit Union? **Yes, No** if yes, please state which one: _____

Individual: Adult Minor

Gender: Male Female

1. MEMBER NAME:

First Name: _____ **Middle:** _____ **Last:** _____

D.O.B _____ Place of Birth: _____ Marital Status: _____

2. IDENTIFICATION NUMBER:

Passport Belize Social Security Card Additional: Birth Certificate (Only for Minor Accounts)

Document Number: _____ Expiration Date: _____

Other ID (indicate type): _____ Expiration Date: _____

3. CITIZENSHIP/NATIONALITY:

Are you a resident of Belize? Yes No Nationality: (1) _____ (2) _____

Member Self Certification for CRS and FATCA purposes: (Non- Residents). I hereby declare that I am a Tax Resident at the following

Country(ies): _____ with Tax # : _____

4. ADDRESS / TELEPHONE& EMAIL:

PRIMARY ADDRESS:

_____ Address: _____ District/State _____ Country _____
City/Town/Village

SECONDARY ADDRESS/FOREIGN ADDRESS (if applicable)

_____ Address: _____ District/State _____ Country _____
City/Town/Village

Home Phone Number _____ Cellular Phone Number _____ Email _____

5. OTHER INFORMATION:

Name of Spouse : _____ Occupation : _____

Contact Person Name: _____ Relationship: _____

Address: _____ Phone#: _____

6. EMPLOYMENT INFORMATION/SOURCE OF INCOME:

Account Number: _____

a) Are you a student? Yes No (If "Yes", kindly provide name of School): _____b) Are you employed? Yes No

Name of Employer: _____ Date of Employment: _____

Address: _____ Occupation: _____ Work Telephone: _____

c) Are you self-employed Yes No (if yes please specify Name and Type of Business)

Name of Business: _____ Type: _____

Start Date: _____ Address of Business: _____

d) **Other Source of Income** (please specify): _____

Approximate Monthly Income: \$ _____ Other Income \$ _____ (if applicable)

 Less than \$1,000 \$1,001-\$1,500 \$1,501-\$3,000 \$3,001-\$5,000 \$5,001-\$15,000 \$15,001 & OverEstimated Monthly Deposit: \$ _____ Initial Account Opening Deposit: \$ _____ (N/A)
*(For EDD SFXCU may request copy of employment verification letter)***7. PURPOSE OF ACCOUNT:** Housing Personal Savings Agriculture Land Business Education Medical Vehicle Other: _____**8. IF- MINOR ACCOUNT: PRIMARY TRUSTEE OF MINOR ACCOUNT:** Mr. Mrs. Ms. Name: _____

Relationship: _____ Occupation of Trustee of Minor: _____

Address: (Do Not Use P.O. Box) _____ City/Town/Village _____ District/State Country _____

Home Phone Number: _____ Cellular Phone Number: _____ Email: _____

Secondary Trustee designated by Primary Trustee: (in the event of death of the Primary Trustee, the Secondary Trustee will automatically obtain the rights to the minor's account; until the minor becomes an Adult)

Name: _____ Relationship: _____ Address: _____

9. ACCOUNT MONITORING:

Are you involved in any of the following business activities: (If yes you must provide proof of registration with the Financial Intelligence Unit.)

Buying and selling of Real Estate on behalf of a person? Yes No Buying and selling of vehicles Yes NoBuying and selling of precious stones and metals? Yes No Operates a business in a free zone area. Yes No**10. POLITICAL EXPOSED PERSON (PEP) DISCLOSURE:****Does the beneficial owner, currently hold/have held/is being considered for a position as a PEP/senior public figure?** Yes No

A PEP is a current or former senior official in the executive, legislative, administrative, military or judicial branches of a government, whether elected or appointed, or paid or not; or a senior official of a major political party; or a senior executive of a government-owned or government-funded corporation, institution or charity. A PEP also includes the "close associates" and "immediate family members" of a PEP. The immediate family members of a PEP include, for example, spouses, domestic partners, parents, siblings, children, stepchildren, the spouses of children, and a spouse's parents and siblings.

11. ACCOUNT AGREEMENT:

Account Number: _____

I hereby also declare that the source of funds for this account will be primarily from my source of Income mentioned above and I also acknowledge that I am subject to disclose to SFXCU my source of funds and additional information if required to verify my source of funds for deposits. I hereby expressly authorize the disclosure of my account or other relevant information to any Legal or Compliance Personnel in order to conduct the necessary account opening and approval process. My signature below indicates my waiver of any rights I may have under applicable local laws or other laws including but not limited to, Privacy or Secrecy Laws prohibiting such disclosure. I have received a copy of the SFXCU "Account Disclosures," which outlines all the terms and conditions associated with my account at SFXCU. I have read and understand all the material outlined in the Account Disclosures and agree to be bound by the same. I agree that SFXCU may make changes to these *Account Disclosures* at any time without prior notice to me/us unless otherwise required by law.

12. SUBSCRIPTION: I also make a subscription of \$ _____ in Mandatory Shares for my New Account **Updated Account** (N/A)

Entrance Fee: _____ (N/A)

Passbook Fee: _____ (N/A)

MEMBER SIGNATURE:

By signing this application and the signature cards, I certify and/or acknowledge that: The information above is accurate to the best of my knowledge, information, and belief. I agree to inform you of any changes to the information provided during my account opening process.

Signature of: Member/ (Primary Trustee of Minor Account)

_____/_____/_____
Date

FOR INTERNAL USE ONLY:

Copies of account holder/parent/guardian unexpired ID obtained: Yes No Account Signature Verified Yes No
 Address verification (Copies of utility bill less than 90 days obtained): Yes No
 (IRS form W-9 completed for Belizeans who are US Citizen) Yes No N/A

A) Account Opened/Updated by:

SFXCU Officer: Name

Signature

Title/Position

_____/_____/_____
Date

B) Account Verified to Meet Membership Requirements:

Account Verified by:

Name of:

- Compliance Department/Clerk
 Supervisor
 Manager

 Signature/Stamp

_____/_____/_____
 Date

Sanction list verified: For Primary Member Yes No for Parent or Guardian Yes No

C) Account approval: (if new Account)

Account Approved by:

Secretary of B.O.D

 Name

 Signature/Stamp

_____/_____/_____
 Date

ACCOUNT SIGNATURE CARD

Date: ____/____/____ SFXCU Branch (where account was opened): _____

Name of Account Holder: _____

Check appropriate box: Individual (Adult) Minor

Account Number: _____

Individual (Adult) - Print Name: 	Date: ____/____/____	Minor Account: Primary Trustee Print Name: 	Date: ____/____/____
Signature:		Signature:	

Note: For Members requesting to update their account via email/by sending completed forms electronically; SFXCU may request to please Notarize or Certify that the information submitted in this form along with attachments is true and correct by having it certified by a NOTARY PUBLIC or JUSTICE OF THE PEACE. (STAMP AND SIGNATURE HERE) or approved by SFXCU Management/Supervisor as Per SFXCU KYC procedures.