



Membership Application Form: Sole Joint Account

Date \_\_\_\_\_ Branch: Orange Walk Belmopan

Are you a member of any other Credit Union in Belize? Yes No

I/We, \_\_\_\_\_ hereby make application for Membership account in the La Inmaculada Credit Union Ltd (LICU). If accepted, I/We agree to abide by the constitution and bylaws and b personal effort to endeavour at all times to promote the interest of the said Credit Union.

With this application I/We make payment of \$5.00 as my entrance fee and in addition do subscribe for two shares stock of the La Inmaculada Credit Union Ltd. at \$5.00 per share.

I/We authorize La Inmaculada Credit Union Limited to invest my shares in a prudent and beneficial manner to generate the maximum returns on my investment. I/ We also agree to advise LICU at least one month in advance of my intention to withdraw my investment to assist in the efficiency and timeliness of the investment process.

**The La Inmaculada Credit Union reserves the right to cancel the account at any time and without advance notice in the event that the account becomes a liability and/or risk to the institution.**

**Account Name** \_\_\_\_\_ **Account #** \_\_\_\_\_  
**Primary Account Holder's Name** \_\_\_\_\_ **Alias** \_\_\_\_\_

Primary ID # Soc. Sec. Passport \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home ownership: Own Rent Other \_\_\_\_\_ ID expiry date \_\_\_\_\_

Current address \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

Citizenship/Nationality (Indicate if dual nationality maintained) \_\_\_\_\_

Sex: Male Female LICU Employee Yes No Residency: Resident Non-Resident

Marital status: Single Married Divorced Common-law Widowed Separated

Indicate and name contact person: Spouse Parents Guardians Other:

Employment status: Minor Student Employed Self-employed Pensioner Gov't Aid Un-employed  
 Employer/school \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employed since \_\_\_\_\_ Annual income (\$) \_\_\_\_\_

Other occupation (if required) \_\_\_\_\_ Annual income (\$) \_\_\_\_\_

**Secondary Account Holder's Name** \_\_\_\_\_ **Alias** \_\_\_\_\_

Primary ID: Soc. Sec. Passport \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home ownership: Own Rent Other \_\_\_\_\_ ID expiry date \_\_\_\_\_

Current Address \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone \_\_\_\_\_ Email address: \_\_\_\_\_

Citizenship/Nationality (Indicate if dual nationality maintained) \_\_\_\_\_

Sex: Male Female LICU Employee Yes No Residency: Resident Non-Resident

Marital Status: single married divorced common-law widowed separated

Indicate and name contact person: Spouse Parents Guardians Other:

Employment status: Minor Student Employed Self-employed Pensioner Gov't Aid Un-employed  
 Employer/school \_\_\_\_\_ Phone No. \_\_\_\_\_

Employer address \_\_\_\_\_

Occupation \_\_\_\_\_ Employed since \_\_\_\_\_ Annual income (\$) \_\_\_\_\_

Other occupation (if required) \_\_\_\_\_ Annual Income (\$) \_\_\_\_\_

<b>Type of Account(s):</b>	Shares	Regular Savings	Loans	Other
<b>Purpose of account:</b>				
<b>Initial Deposit \$</b>	<b>Source of Initial Deposit</b>			
<b>Types of Deposits to account:</b>	Cash	Checks	Transfers/other (specify)	
<b>Expected Major Source of ongoing deposit to account &amp; Monthly Range:</b>	<\$500	\$501-\$1,000	\$1,001-\$2,000	\$2,001-\$3,000 >\$3,001 specify range
<b>Expected Source of Other deposits to account &amp; Monthly Range:</b>	<\$500	\$501-\$1,000	\$1,001-\$2,000	\$2,001-\$3,000 >\$3,001 specify range
<b>Expected Monthly Deposit Activity:</b>	<b>Expected Monthly Withdrawal Activity:</b>			



\*Are you or any of the account holders or your(or their) immediate family members (parent, siblings, spouse/common-law partner and/ or inlaws) a current or former senior official in the executive, legislative, administrative,military or judicial branch of a foreign government or a senior officer of a local/foreign political party, or a senior executive of an enterprise owned by a local/foreign Government or do you maintain a close personal or professional relationship with any such official?  
 Yes No If "Yes" , provide details

\* Are you or any of the account holders carrying or intend to carry business in one of the following businesses in or from within Belize,  
 casino real estate agents dealers in precious metals and stones non-profit organization  
 non- governmental organizations vehicle dealers lawyers, notaries, other independent  
 legal professionals, accountants, auditors and tax advisors business operating in a free zone area ?  
 Yes No. If "Yes", please provide registration from the Financial Intelligence Unit (FIU).

\*Are you or any of the account holder(s) carrying or intend to carry business on one of the following businesses in or from within Belize,  
 Money Lending Services Money Transfer Service Providers (MTSP)?  
 Yes No. If "Yes", please provide registration from the Central Bank of Belize (CBB).

\*I/We confirm that all the funds in the account(s) will be beneficially owned by the account holder(s) & will not be used for the benefit of someone other than the named individual(s). Yes No.  
 \*I/We agree that La Inmaculada Credit Union may share the account holder(s) information to the supervisory, statutory, and regulatory authorities as required; and that LICU shall not be responsible for liability, loss or damage which may be caused by it acting in accordance with applicable laws, regulations or rules under the local and international banking act.  
 \*By completing and signing this application, I/We acknowledge that I/We have read and understood this application.  
 \*I/We request the services listed and confirm that the information recorded on the application is true and complete.  
 \* I/We authorize the following signatory (ies) to withdraw, acquire information, statements as he/she may deem necessary in relation to the regular deposits account.

Name other authorized signatory(ies):

(Identification and proof of address required. Kindly note on specimen signature card form)

I/We do hereby nominate the following person(s) to be my/our beneficiary(ies) in the event of my death, each to the extent set out against his/her name. (See nomination of beneficiary(ies) form attached).

Signature of applicant(s): \_\_\_\_\_  
 \_\_\_\_\_

Verification to support information obtained for this application

On File

Primary account holder: One Piece of Identification (Social Security/ Passport):  
 Secondary account holder (if required): One Piece of Identification (Social Security/ Passport):  
 Other signatory (if required): One Piece of Identification (Social Security/ Passport):  
 Primary account holder: Proof of address (utility bill/ bank statement/documentated site visit; other \_\_\_\_\_)  
 Secondary account holder: Proof of address (utility bill/ bank statement/documentated site visit; other \_\_\_\_\_)  
 Other signatory: Proof of address (utility bill/ bank statement/documentated site visit; other \_\_\_\_\_)  
 Stamp affix confirming OFAC/UNSL/High risk listings checks completed.

(For official use only)  
 Risk Rating: Low/ Medium/ High Initials: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_ Checked & verified by: \_\_\_\_\_ Authorized by: \_\_\_\_\_  
 (Signatures required)