



The Cayman Islands Civil Service Association
Co-operative Credit Union Limited
REQUIREMENTS TO OPEN AN ACCOUNT WITH THE CREDIT UNION

MS1

The Credit Union does not accept joint membership accounts. You may provide written authorization for another (member) to make transactions on your account, except that they are not allowed to take out loans against your account.

Opening through Employer (Government Dept, Public Service Pensions Board, Statutory Authorities, Cayman Airways, Utility Companies e.g. CUC, Lime, Cayman Water, Digicel)

- ◆ Current employment letter addressed to the Credit Union;
- ◆ 2 Valid photo ID's (Passport & Drivers Licence or Passport & Voters Registration Card);
- ◆ Marriage Certificates for those whose name has changed;
- ◆ Personal Reference from a Professional whom you have known for a minimum of 2 years (Pastor, Accountant, Notary Public, Justice of the Peace, Lawyer, Doctor, Bank Manager) or a Bank Reference and
- ◆ Original utility bill (most recent with a physical address). Please see below note.*

Opening through Mother, Father, Son, or Daughter

- ◆ Current employment letter addressed to the Credit Union;
- ◆ Original Birth Certificate (to show relationship between child & parent) or an Affidavit.
- ◆ Original copy of a Marriage Certificate (If mother's name or the possible new Credit Union member's name has changed since the issuance of the Birth Certificate).
- ◆ 2 Valid photo ID's (Passport & Drivers Licence or Passport & Voters Registration Card).
- ◆ Personal Reference from a Professional whom you have known for a minimum of 2 years (Pastor, Accountant, Notary Public, Justice of the Peace, Lawyer, Doctor, Bank Manager) or a Bank Reference and
- ◆ Original utility bill (most recent with a physical address). Please see below note.*

Opening through a Sibling (Brother or Sister)

- ◆ Current employment letter addressed to the Credit Union;
- ◆ Original Birth Certificate for either siblings or an Affidavit.
- ◆ Original copy of all Marriage Certificates if the mother's name or any of the sibling's names have changed since the issuance of the Birth Certificate.
- ◆ 2 Valid photo ID's (Passport & Drivers Licence or Passport & Voters Registration Card).
- ◆ Personal Reference from a Professional whom you have known for a minimum of 2 years (Pastor, Accountant, Notary Public, Justice of the Peace, Lawyer, Doctor, Bank Manager) or a Bank Reference and
- ◆ Original utility bill (most recent with a physical address). Please see below note.*

Opening through Spouse (Husband or Wife)

- ◆ Current employment letter addressed to the Credit Union;
- ◆ Original Marriage Certificate or Affidavit.
- ◆ 2 Valid photo ID's (Passport & Drivers Licence or Passport & Voters Registration card).
- ◆ Personal Reference from a Professional whom you have known for a minimum of 2 years (Pastor, Accountant, Notary Public, Justice of the Peace, Lawyer, Doctor, Bank Manager) or a Bank Reference and
- ◆ Original utility bill (most recent with a physical address). If the utility bill is not in the name of a spouse, please see below note.*

All forms are to be signed in the presence of a Credit Union staff member, a Notary Public or a Justice of the Peace. Original documents are to be presented. A certified copy will be taken within the Credit Union and the original documents returned. A notarized copy will be accepted in the absence of the original document.

If your documents are not in English, the original document will be required with a translated copy.

If you do not possess a valid Driver's Licence or Voters Registration Card. A notarized letter stating same will be required.

***UTILITY BILL:** If the utility bill is in a different name (e.g. landlord, family member), a lease agreement signed by the tenant and landlord with the landlord or family member's utility bill and respective ID or a completed Credit Union "Proof of Residency Letter" is required.

Minimum of \$40.00 to open an account, broken down as Entrance fee \$10.00, Rule Book fee \$5.00, and Share Minimum \$25.00.

W-8BEN form is for NON US Citizens/Residents and W-9 form is for all US Citizens/Residents



CICSA CO-OPERATIVE CREDIT UNION LTD.
P O Box 1450, Grand Cayman KY1-1110, CAYMAN ISLANDS
Telephone: 345-949-8415 Fax: 345-949-8910
Website: www.cicsa-creditunion.org

PROOF OF RESIDENCY LETTER

Date: _____

The CEO
CICSA Co-op Credit Union Ltd.
P.O Box 1450
Grand Cayman KY1-1110
CAYMAN ISLANDS

Dear Madam

RE: _____

I hereby confirm that the above named person resides at:

My relationship with this person is:

- Family member (state relationship): _____
- Tenant
- Other: _____

My property is MORTGAGED LEASED OWNED

This person has resided here since _____ - He/She does **NOT pay rent, their name is NOT on the lease or a co-applicant on the mortgage but he/she contributes towards the monthly expenses.**

Photo identification (at least one is required)

Driver's License Passport Voter's Registration Card

Yours truly

Name: _____

Address: _____

Telephone _____

Signature: _____

Witness in the presence of a Notary Public, Justice of Peace or CU's Staff:



The Cayman Islands Civil Service Association
Co-operative Credit Union Limited
APPLICATION FOR MEMBERSHIP

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COMPLETE IN BLOCK LETTERS

ACCOUNT #

DATE OF APPLICATION:

ABOUT YOU

MR DR MS REV MRS MISS	SURNAME:	FIRST NAME:	MIDDLE NAME(S):
	MAIDEN NAME:	ALIAS:	PREVIOUS NAME:

DATE OF BIRTH (DD/MM/YY):	PLACE OF BIRTH:	STATE NUMBER OF DEPENDENTS:
MARITAL STATUS: SINGLE MARRIED SEPERATED DIVORCED WIDOWED		STATE AGE(S) OF EACH:

FORM OF IDENTIFICATION:	NATIONALITY:
PASSPORT # _____ DRIVERS LIC # _____ VOTER'S ID # _____	

PHYSICAL ADDRESS:	DISTRICT:
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MAILING ADDRESS:	KY _____ - _____ OR ZIP CODE # _____
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WORK TELEPHONE #	CELLULAR PHONE #	HOME PHONE#
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EMAIL ADDRESS:	ARE YOU A MEMBER OF CICSA? YES or NO
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How would you prefer to receive information or be contacted? MAIL EMAIL TEXT SOCIAL MEDIA _____

SURNAME OF SPOUSE: (IF APPLICABLE)	FIRST NAME OF SPOUSE: (IF APPLICABLE)	MIDDLE NAME OF SPOUSE: (IF APPLICABLE)
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If joining the Credit Union through a family member, please state the name of the Credit Union member and relationship through whom you are applying for membership:

FAMILY MEMBER'S NAME (PLEASE PRINT)	RELATIONSHIP (E.G. Spouse, Parent, Child, Sibling)	FAMILY MEMBER'S ACCOUNT NUMBER
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WHERE YOU WORK OR NATURE OF BUSINESS

NAME OF EMPLOYER:	DEPARTMENT:	OCCUPATION:	MONTHLY SALARY:
ADDRESS OF EMPLOYER:	EMPLOYER TELEPHONE NUMBER #	FULL-TIME PART-TIME RETIRED STUDENT SELF-EMPLOYED	

I hereby make application for membership in the Cayman Islands Civil Service Association Co-operative Credit Union Limited and agree to conform to its Rules and Amendments thereof and subscribe to at least 12.5 Shares (Minimum of \$25.00).

Expected source of funds, if other than through employment: Herewith please find the sum of \$ _____

Shares:	\$ _____	Rule Book:	\$ _____
Other:	\$ _____	Entrance Fee:	\$ _____
Total:	\$ _____		

APPLICANT'S DECLARATION

I hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform to the Rules and amendments thereof.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF WITNESS	DATE	APPROVED BY CEO OR DESIGNATE	DATE
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NOMINATION FORM (BENEFICIARY)

PURSUANT TO THE "CO-OPERATIVES SOCIETIES LAW
(2001 REVISION)"

MS1

NAME OF SOCIETY: Cayman Islands Civil Service Association (CICSA) Co-operative Credit Union Limited

MEMBER ACCOUNT # _____ I, _____
NAME

PHYSICAL ADDRESS: _____
HOUSE NUMBER STREET NAME, ADDRESS & DISTRICT

A member of the above mentioned-named Society, do hereby nominate the following as the only person or persons (none of them being an officer or servant of the Society, unless such persons is the husband, wife, father, mother, child, brother, or sister of myself, the nominator) to or among whom shall be transferred my property in the Society, whether in shares, loans, deposits or otherwise at my decease in such proportions as is set forth below to their respective names:

This form is necessary, in the unfortunate event of your death, to disburse your net savings/shares (net of any loans or co-maker commitments) to your designated beneficiaries. Stating your beneficiaries in advance also protects them from the unnecessary expense of having to go through probate Court to collect what you had intended for them.

NAME & RELATIONSHIP	OCCUPATION	CONTACT INFORMATION	% PROPORTION
NAME: _____	EMPLOYER: _____	MAILING ADDRESS: _____ PHONE NUMBER: _____	
RELATIONSHIP: _____ DATE OF BIRTH: _____	POSITION: _____	PHYSICAL ADDRESS: _____	
NAME: _____	EMPLOYER: _____	MAILING ADDRESS: _____ PHONE NUMBER: _____	
RELATIONSHIP: _____ DATE OF BIRTH: _____	POSITION: _____	PHYSICAL ADDRESS: _____	
NAME: _____	EMPLOYER: _____	MAILING ADDRESS: _____ PHONE NUMBER: _____	
RELATIONSHIP: _____ DATE OF BIRTH: _____	POSITION: _____	PHYSICAL ADDRESS: _____	
NAME: _____	EMPLOYER: _____	MAILING ADDRESS: _____ PHONE NUMBER: _____	
RELATIONSHIP: _____ DATE OF BIRTH: _____	POSITION: _____	PHYSICAL ADDRESS: _____	

Where the Nomination is not intended to comprise the whole of the Member's property in the Society, the amount to be comprised in it, is to be specified. Any previous nomination is hereby cancelled.

As witness to my hand, this _____ day of _____, 20_____

SIGNATURE OF MEMBER MAKING NOMINATION	SIGNATURE OF WITNESS (CU Staff Member, JP or Notary Public)	POSITION/ ADDRESS
	CEO OR DESIGNATE	POSITION/ ADDRESS

FOR INTERNAL USE ONLY

MANAGEMENT CHECK _____ DATE _____ TIME _____



The Cayman Islands Civil Service Association
Co-operative Credit Union Limited
 APPLICANT'S COMPLIANCE INFORMATION

MS1

MEMBER'S NAME _____

ACCOUNT NUMBER _____

Your Credit Union is committed to be compliant with all relevant laws in the Cayman Islands. This information is a requirement which assists your Credit Union to be compliant with laws of the Cayman Islands Government and the Cayman Islands Monetary Authority (CIMA).

DECLARATION OF UK OR US CITIZENSHIP OR RESIDENCE FOR PURPOSES.

Are you a UK Citizen ?	YES or NO	Are you a US Citizen?	YES or NO
Do you have a UK Passport?	YES or NO	Do you have a US Passport?	YES or NO
Were you born in the UK?	YES or NO	Were you born in the US?	YES or NO
Do you conduct any business in the UK?	YES or NO	Do you conduct any business in the US?	YES or NO
Were you born in the Cayman Islands and have a child, spouse or one parent that is a UK Citizen?	YES or NO	Were you born in the Cayman Islands and have a child, spouse or one parent that is a US Citizen?	YES or NO
You are not a UK person but have substantial presence in the UK?	YES or NO	You are not a US person but have substantial presence in the US?	YES or NO

If your answer is "Yes" to any of the above questions, you may be required to file an annual US/UK tax return and complete the attached W8 or W9 form for US Citizens. For further information, please consult with an independent legal or tax counsel or a qualified CPA for assistance.

Acknowledged by _____.

DECLARATION OF TAX RESIDENCY OTHER THAN THE UK OR THE US.

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	TAX REFERENCE NUMBER

DECLARATION AND UNDERTAKING

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.

MEMBER'S NAME (PLEASE PRINT) _____

MEMBER'S SIGNATURE _____

DATE _____



The Cayman Islands Civil Service Association Co-operative Credit Union Limited

Explanation of Terms

Politically Exposed Person (PEP)

"Politically Exposed Person" means an individual who is, or has at any time within the proceeding 36 months been, entrusted with a prominent public function either domestically or within a foreign country, including either of the following individuals:

- a) A Head of State or Government;
- b) Senior Politician;
- c) Senior Government;
- d) Judicial Official;
- e) Military Official;
- f) Senior Executive of a State Owned Corporation, and
- g) An important Political Party Official
- h) A person entrusted with a prominent public function by an international organization, such as:
 - A Member of Senior Management,
 - A Director;
 - A Deputy Director;
 - A member of the Board;
 - Or Equivalent functions.

Immediate Family Member

"Immediate Family Member" of a Politically Exposed Person includes any of the following persons:

- a) Any spouse of the politically exposed person;
- b) Any child of the politically exposed person;
- c) Any parent of the politically exposed person;
- d) Any sibling of the politically exposed person;

Close Associate

"Close Associate" of a Politically Exposed Person includes any of the following persons:

- a) Any natural person who is known to hold the ownership or control of a legal instrument or person jointly with a political exposed person;
- b) Who maintains some other kind of close business or personal relationship with a political exposed person;
- c) Who holds the ownership or control of a legal instrument or person which is known to have been established to the benefit of a political exposed person.

Are you, any immediate member of your family or a close associate of yours a Politically Exposed Person (PEP)? YES or NO

Please see explanation and the definition of a Politically Exposed Person (PEP), Immediate Family Member and Close Associate above on this page.

If you are, please advise who.

Name of Politically Exposed Person (PEP)	PEP's Position	Your Relationship to the PEP

Membership Information

My Monthly Income is: \$ _____

Approx. number of credit transactions each month: _____ Approx. dollar amount of credit transactions each month: \$ _____

Approx. number of debit transactions each month: _____ Approx. dollar amount of debit transactions each month: \$ _____

I am the beneficial owner of all funds placed in my shares and savings account with the CICS Co-op Credit Union Ltd. YES or NO

The purpose of this account is for: _____

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.

MEMBER'S NAME (PLEASE PRINT)

MEMBER'S SIGNATURE

DATE

