



APPLICATION FOR JOINT MEMBERSHIP

JOINT AND
Both to Sign

JOINT OR ACCOUNT
Either to Sign

Member# Shares A/c# Deposits A/c#

Sex M F

JOINT ACCOUNT HOLDER Nº 1

(Christian Name)

(Middle Name)

(Surname)

Residential Address

National Registration Nº Date Issue of ID

Date of Birth Expiry Date of ID

Passport Nº Date of Issue Expiry Date

Other photo ID

Telephone Nº (H) (Mobile) (Work Nº)

Occupation

Employer Please tick this box if retired

Email Address

Documents provided

Proof of address

- Utility bill
- Bank Statement

Valid Identification

- National Identification Card
- Driver's License
- Barbados Passport

JOINT ACCOUNT HOLDER Nº 2

Sex M F

(Christian Name)

(Middle Name(s))

(Surname)

Residential Address

National Registration Nº Date of Birth

Date of issue of ID Expiry Date

Passport № Date of Issue Expiry Date

Other Photo ID

Telephone № (H) (Mobile) Work №

Occupation

Employer Please tick this box if retired

Email Address

Documents provided

Proof of address Valid

Utility bill

Bank Statement

identification

National Identification Card

Driver's License

Barbados Passport

TERMS AND CONDITIONS

The undersigned, having opened the account designated on the reverse, hereby expressly agree (s) with the City of Bridgetown Co-operative Credit Union Ltd. (hereafter called C.O.B) to honour this Agreement under the following conditions:

- 1) Only two (2) persons may enter into a Joint Account Agreement;
- 2) An application fee as prescribed by the Board of Directors, shall be paid on application for a joint account with COB;
- 3) Loans on joint accounts if approved according to the qualifying standards of COB, will be granted on such terms and conditions as determined by the Board of Directors from time to time;
- 4) Any deposit to the account is and will be owned jointly by the holders of the Joint Account;
- 5) Any one or both of the Joint Account Holders, after signing the appropriate documentation can withdraw all or some of the available funds remaining on the account;
- 6) All of the available balance to the credit of the account at any time shall be subject to withdrawal, transfer or other disposal, in whole or in part (subject to the Cooperative Societies Act of the Laws of Barbados, Regulations and Bylaws then applicable to the Account by:-
 - a) either or both of the Joint Account holders, depending on the type of Joint Account;
 - b) Such person (s) as may be empowered at any time (s) in writing by either or both of the Joint Account holders whether by virtue of a Power of Attorney or otherwise, to affect the withdrawal or any other disposal of any available funds all without any responsibility or liability being ascribed to COB and irrespective of the disposition of the funds by the party withdrawing, transferring or depositing the funds.

7)

On the death of one of the Joint Account Holders, the surviving account holder becomes the immediate beneficiary of the proceeds of the Joint Account and on the provision of the official certificate of death of the deceased Joint Account Holder, the available amount on deposit to the credit of the account will at the time of such death shall be deemed to belong to the surviving Joint Account Holder **SUBJECT** to any obligations to comply with any estate or other tax requirements applicable thereto;

8)

COB may at its discretion at any time and with or without notice to either or both the Joint Account holders, assert a lien on the balance of the Joint Account and apply all or any part thereof to any debt whether secured or unsecured that may then be owing to COB by the Joint Account holders and provide a receipt to the Joint Account Holders reflecting the amount applied to the debt;

9)

This Agreement shall become effective upon the deposit at the address of COB, complete with the relevant signatures attached and an initial deposit of not less than \$50.00 in addition to a membership fee determined by the Board of Directors and shall be governed by the Laws of Barbados in all respects including and without limitation, matters of title, construction, validity performance and discharge, and shall not be waived, altered, monitored or amended as to any of its terms or provisions except those to which C.O.B may specifically consent in writing.

We the undersigned Applicants, hereby certify that all of the above information given is true and correct and we confirm by our signatures that we agree to be bound by all of the terms and conditions pertinent to the financial products and services offered by the City of Bridgetown Co-operative Credit Union Limited.

Applicant's Signature	Joint- Applicant's Signature	Date

MSR's signature	MSO's signature	Date

PLEASE COMPLETE THE REQUIRED FIELDS BELOW

How did you find out about the COB Joint Membership?

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Radio advertising | <input type="checkbox"/> Print advertising | <input type="checkbox"/> Television |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Word of mouth communication | |

COB Member Referral

COB Staff Member referral

Special Events