

DATE MEMBER NO.

MEMBER INFORMATION

NAME EMPLOYER PHYSICAL ADDRESS HOME PHONE NO. CELL PHONE NO. EMAIL ADDRESS

LOAN DETAILS

 NEW LOAN REFINANCE LOAN - INCREASE EXISTING LOAN REFINANCE LOAN - AMEND LOAN TERMS/LOAN PAYMENTSAMOUNT REQUESTED ANTICIPATED LOAN PAYMENT PURPOSE OF LOAN

LOAN DISBURSEMENT

CREDIT SAVINGS 1 SAVINGS 2 SAVINGS 3 OTHER

<input type="checkbox"/> CHEQUE PAYABLE TO	AMOUNT	CHEQUE NO. (INTERNAL USE ONLY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

 OPEN SAVINGS SUB ACTIVATE SAVING SUB ACTIVATE SHARES

PAYMENT METHOD

THIS LOAN WILL BE PAID BY: OVER THE COUNTER BIWEEKLY DEDUCTION MONTHLY DEDUCTION WEEKLY DEDUCTION OTHER

LOAN AGREEMENT

As collateral security for this note, the said Borrower/Member has offered the CICSACo-op Credit Union Ltd SHARES in the event of default. As herein agreed, the entire balance of this loan shall become immediately due and payable on demand. This loan shall also become due and payable should the Borrower/Member become bankrupt, failed to make two consecutive loan payments or cease to reside in the Cayman Islands without giving at least six months notice or loses their common bond.

Said Borrower/Member promises to pay all fines/penalties imposed in accordance with the rules of the Credit Union for failure to comply with the terms of this loan together with all costs or expenses incurred in the collection of any sum due. The Borrower/Member shall pay all costs incurred.

Interest will be charged at a rate of five point two five percent (5.25%) per annum, accrued daily on the remaining loan balance.

MEMBER SIGNATURE

SIGNATURE OF WITNESS/VERIFIED BY (CU STAFF/JP/NP)

AUTHORIZED BY CU STAFF NAME AND SIGNATURE



INTERNAL USE ONLY

AMOUNT REQUESTED

CURRENT LOAN BALANCE

NEW LOAN BALANCE

SHARE BALANCE

TERM OF LOAN

LOAN PAYMENT

APPROVED BY DATE

POSTED BY DATE

DEDUCTION FORM COMPLETED

Is the member a Politically Exposed Person:

Yes

No

	NAME & SIGNATURE	ROLE	DATE
Approved by Business Unit:	<input type="text"/>		
Approved by Compliance:	<input type="text"/>		
Officer Processing the Application:	<input type="text"/>		



DATE OF REQUEST D D / M M / Y Y Y Y

MEMBERNAME

MEMBER NO.

Deduction Frequency: MONTHLY BIWEEKLY

Deduction Frequency: NEW CHANGE NO CHANGE

Product	Sub	Amount	Details	Amount
Shares			Current Deduction	
Savings			New Deduction	
Savings			Payroll Date	
Xmas Club			Batch No.	
Loan			Signature of Member:	
Loan				
Loan				
Other a/c			Prepared by & Date	
Other a/c			Date Changed	
Total			Changed By	



Instructions for completion

We are obliged under the Tax Information Authority Law, the Regulations, and Guidance Notes made pursuant to that Law, and treaties and intergovernmental agreements entered into by the Cayman Islands in relation to the automatic exchange of information for tax matters (collectively "AEOI"), to collect certain information about each account holder's tax status. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant Cayman Islands Regulations, Guidance Notes or international agreements. If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this Form, please contact your tax advisor.

COMPLETE ALL SECTIONS. Do not leave any section blank. If N/A, state so.

SECTION 1: ACCOUNT HOLDER IDENTIFICATION

ACCOUNT HOLDER NAME, DATE OF BIRTH (DD/MM/YYYY), PLACE & COUNTRY OF BIRTH, PERMANENT RESIDENCE ADDRESS: NUMBER & STREET, CITY/TOWN, STATE/PROVINCE, POST CODE, COUNTRY, MAILING ADDRESS (IF DIFFERENT FROM ABOVE): NUMBER & STREET, CITY/TOWN, STATE/PROVINCE, POST CODE, COUNTRY

SECTION 2: DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

PLEASE TICK EITHER (A) OR (B) OR (C) AND COMPLETE AS APPROPRIATE. A I CONFIRM THAT I AM A U.S. CITIZEN AND/OR RESIDENT IN THE U.S. FOR TAX PURPOSES (GREEN CARD HOLDER OR RESIDENT UNDER THE SUBSTANTIAL PRESENCE TEST) AND MY U.S. FEDERAL TAXPAYER IDENTIFYING NUMBER (U.S. TIN) IS AS FOLLOWS: B I CONFIRM THAT I WAS BORN IN THE U.S. (OR A U.S. TERRITORY) BUT AM NO LONGER A U.S. CITIZEN AS I HAVE VOLUNTARILY SURRENDERED MY CITIZENSHIP AS EVIDENCED BY THE ATTACHED DOCUMENTS. C I CONFIRM THAT I AM NOT A U.S. CITIZEN OR RESIDENT IN THE U.S. FOR TAX PURPOSES.

SECTION 3: DECLARATION OF TAX RESIDENCY (OTHER THAN U.S.) Complete section 3 if you have non-U.S. tax residences.

I HEREBY CONFIRM THAT I AM, FOR TAX PURPOSES, RESIDENT IN THE FOLLOWING COUNTRIES (INDICATE THE TAX REFERENCE NUMBER TYPE AND NUMBER IN EACH COUNTRY).

Table with 3 columns: COUNTRY/COUNTRIES OF TAX RESIDENCY, TAX REFERENCE NUMBER TYPE, TAX REFERENCE NUMBER

Declaration and Undertakings

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. I acknowledge that it is an offence to make a self-certification that is false in a material particular.

SIGNATURE, PRINT NAME, DATE (DD/MM/YYYY)

FOR CREDIT UNION USE ONLY, VALID SELF-CERTIFICATION (YES/NO), REVIEWED AND APPROVED BY, DATE