



Instructions: Each of the below listed required documents in the blue area must be submitted. In addition, each of the listed required documents in the grey area must also be submitted where applicable.

COMPLETED AND SIGNED APPLICATION FORM

TWO FORMS OF IDENTIFICATION (ID)

Original government IDs OR notarised copies of Government IDs showing applicants photograph and signature (Must be valid at the time of application submission)

If documents are not in English, the original document AND an additional translated and notarised copy are required.

Any one of the following 9 groups of options are acceptable:

- Passport and Driver's Licence
- Passport and Voter's ID
- Passport and National Identity Card
- Passport and Local Employer ID Card
- Birth Certificate and Driver's Licence
- Birth Certificate and Voter's ID
- Birth Certificate and National Identity Card
- Birth Certificate and Local Employer ID Card
- Passport and Birth Certificate

CONFIRMATION OF PHYSICAL ADDRESS

Document must be dated no more than 3 months prior to the time of application submission

Any one of the following 5 options are acceptable:

- Lease Agreement
- Utility bill in Applicant's name
- Utility bill in Landlord's name, Landlord's ID and Completed Credit Union Proof of Residence Form
- Utility bill in Family Member's name, Family Member's ID and Completed Credit Union Proof of Residence Form
- Employment Letter

CONFIRMATION OF SOURCE OF FUNDS

If applicant is employed refer to Section A below, if self-employed refer to Section B, if youth refer to Section C

A. EMPLOYED

- Job letter addressed to CICSA Credit Union or employment contract confirming job title, salary and term of employment

B. SELF-EMPLOYED

- Letter confirming salary amount and nature of business
- Trade and Business Licence (if applicable)
- Bank References (Must include Words and Figures or Figure Range) or Financial Statement

C. YOUTH

- Letter from parent that is the Credit Union member confirming monthly deposits
- Parent's job letter (To be completed by whose name appears on the utility bill provided .If parent has already provided a job letter within the last 3 months and employment has not changed, job letter is not required.)

D. LANDLORD

- Lease agreement (Should include location of property, term of lease, income expected, signatures for tenant(s) & landlord)
- ID for tenants
 - Driver's Licence or passport
 - National ID
 - Voter's ID
 *note: ID provided should bare signature

MINIMUM CASH AMOUNT

A minimum cash amount of \$185 dollars is required for adults and \$60 for youth accounts (Age 17& Under)

Grand Cayman

P.O. Box 1450
58 Huldah Avenue
Grand Cayman KY1-1110
Cayman Islands

Cayman Brac

P.O. Box 262
12 Kirkconnell Street
Cayman Brac KY2-2101
Cayman Islands

PLEASE SUBMIT DOCUMENTS TO THE FOLLOWING ADDRESSES OR SUBMIT ELECTRONICALLY TO NEW.ACCOUNTS@CREDITUNION.KY (DOCUMENTS TO BE NOTORIZED):

IF ELIGIBLE AND APPLYING FOR ACCOUNT THROUGH A FAMILY MEMBER WHO IS ALSO CREDIT UNION MEMBER, THE FOLLOWING WILL ALSO BE REQUIRED:

PROOF OF RELATIONSHIP

If applying through Sibling refer to Section A below, if through Spouse refer to Section B, if through Parent/Child refer to Section C

A. SIBLING

- Birth Certificate for applicant
- Birth Certificate for applicant's sibling
- If applicant or sibling's surname changed through marriage, then also provide:
 - Marriage certificate(s) proving name change

B. SPOUSE

- Marriage Certificate (must be current and legally bound at time of application submission)

C. PARENT/CHILD

- Birth certificate showing relationship with the child/youth member
- If Child is applicant:
 - Birth certificate showing relationship with the parent member

If you had a bad debt with the credit union there is an additional fee \$150

Documents submitted in support of an account application is subject to review and in some cases, additional information may be required at the discretion of the Cayman Islands Civil Service Association Cooperative Credit Union Ltd.



DATE

THE CEO
CICSA CO-OP CREDIT UNION
LTD
PO BOX 1450
GRAND CAYMAN KY1-1110
CAYMAN ISLANDS

DEAR SIR OR MADAM,

RE: (MEMBER NAME)

I HEREBY CONFIRM THAT THE ABOVE NAMED PERSON RESIDES AT:

MY RELATIONSHIP WITH THIS PERSON IS:

FAMILY MEMBER (STATE RELATIONSHIP)

TENANT

OTHER (STATE RELATIONSHIP)

PHOTO IDENTIFICATION (AT LEAST ONE IS REQUIRED) DRIVER'S LICENSE PASSPORT VOTER'S REGISTRATION CARD

YOURS TRULY

NAME TELEPHONE

ADDRESS

SIGNATURE



CICSA Co-operative Credit Union Ltd. NEW ACCOUNT PACKAGE

ACCOUNT DESCRIPTION

ACCOUNT INFO

WHAT TYPE OF ACCOUNT ARE YOU APPLYING FOR? YOUTH SAVINGS ADULT SHARE ACCOUNT ADULT SAVINGS

HOW ARE YOU ELIGIBLE TO APPLY? EMPLOYER FAMILY MEMBER

IF THROUGH FAMILY MEMBER PROVIDE THE FOLLOWING INFORMATION:

FAMILY MEMBER'S NAME RELATIONSHIP ACCOUNT NUMBER

ARE YOU REOPENING THIS ACCOUNT: YES NO

MEMBER INFO

MR. MRS. MISS. MS. DR. SURNAME FIRST NAME

MIDDLE NAME MAIDEN NAME PREVIOUS NAME

ALIAS DATE OF BIRTH (DD/MM/YYYY) PLACE OF BIRTH

FULL PHYSICAL ADDRESS FULL MAILING ADDRESS

ARE YOU OR AN IMMEDIATE FAMILY MEMBER A POLITICALLY EXPOSED PERSON?
IMMEDIATE FAMILY: MOTHER, FATHER, BROTHER, SISTER, HUSBAND, WIFE, & CHILD YES NO

IF YES, STATE NAME & RELATIONSHIP

CONTACT INFO

CONTACT NUMBER 1 CONTACT NUMBER 2 HOW WOULD YOU PREFER TO BE CONTACTED? PHONE EMAIL

EMAIL ADDRESS 1 EMAIL ADDRESS 2

APPLICANT IDENTIFICATION INFORMATION

ADULT APPLICANT & PARENT/GUARDIAN OF CHILD APPLICANT: D/LICENSE NATIONAL ID (VOTERS CARD/ELECTORAL CARD/CITIZENSHIP CARD) PASSPORT

CHILD APPLICANT: BIRTH CERTIFICATE & CERTIFIED PHOTO/SCHOOL ID PASSPORT

ID NUMBER ID NUMBER

EXPIRY DATE: EXPIRY DATE:

EMPLOYER INFO

NAME OF EMPLOYER GOV'T DEPT (IF APPLICABLE)

EMPLOYER PHYSICAL ADDRESS

EMPLOYER TELEPHONE EMPLOYEE STATUS FULL TIME PART-TIME RETIRED STUDENT SELF-EMPLOYED UNEMPLOYED

MONTHLY INCOME OCCUPATION

OTHER INCOME SOURCE MONTHLY INCOME

TRANSACTION INFO

FREQUENCY OF DEPOSITS WEEKLY BI-WEEKLY MONTHLY ANNUAL

APPROXIMATE DOLLAR VALUE OF DEPOSITS PURPOSE OF ACCOUNT PERSONAL BUSINESS

HOW WILL DEPOSITS BE MADE: OVER THE COUNTER IRREVOCABLE DEDUCTION STANDING ORDER DIRECT DEPOSIT TRANSACTIONS VARY

WOULD YOU LIKE TO RECEIVE ONLINE ACCESS: YES NO YES NO

SIGNATURE OF APPLICANT WITNESS TO SIGNATURE OF APPLICANT

NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN



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.

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:

NAME	ADDRESS	TELEPHONE NUMBER	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP	OCCUPATION	PROPORTION %

I, further appoint the following person(s) for the minor(s) nominated above until he or she attains the age of eighteen (18) (a Trustee appoint must be eighteen (18) years of age or older)

NAME	ADDRESS	TELEPHONE NUMBER	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP	OCCUPATION	MINOR'S NAME

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE OF MEMBER MAKING NOMINATION	SIGNATURE OF WITNESS (CU STAFF MEMBER, JP OR NOTARY PUBLIC)	POSITION/ADDRESS
	<input type="text"/>	<input type="text"/>
	SIGNATURE OF WITNESS (CU STAFF MEMBER, JP OR NOTARY PUBLIC)	POSITION/ADDRESS

FOR CREDIT UNION USE ONLY	<input type="text"/>	<input type="text"/>
	APPLICATION RECEIVED BY	REVIEWED AND APPROVED BY
<input type="text"/>	<input type="text"/>	<input type="text"/>
INPUT BY	INPUT CHECKED BY	DATE



MEMBER'S NAME

MEMBER ACCOUNT #

SPECIAL NOTES

- This is not an authorization for a joint account. An Authorized Signatory may be removed from the above stated account by the Member without notice to the Authorized Signatory.
- This Authorized Signatory form will cease upon knowledge of the Member's death.
- Applications for Loans, Cash Advances, Opening Sub Accounts, Additional Account and Closing of Accounts must be completed by the Member solely.

I have read and understood the above special notes

Authorized Signatory

REQUIRED DOCUMENTS

- 2 valid IDs (Passport AND Driver's Licence or Voter's Registration Card).
- A job letter no older than 30 days, addressed to The Credit Union.
- Completed Authorized Signatory Profile Form

I here authorize (Name of Person)

(Relationship of Person) to conduct any business transactions on my account with the exception of the above special notes.

Member Signature

Witness (CU staff member, JP or Notary Public)

Authorized Signatory

Witness (CU staff member, JP or Notary Public)



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).

COUNTRY/COUNTRIES OF TAX RESIDENCY	TAX REFERENCE NUMBER TYPE	TAX REFERENCE NUMBER
<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"/>

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