



**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 8 groups of options are acceptable:

- |   |   |
|---|---|
| <input type="checkbox"/> Passport and Driver's Licence          | <input type="checkbox"/> Birth Certificate and Voter's ID             |
| <input type="checkbox"/> Passport and Voter's ID                | <input type="checkbox"/> Birth Certificate and National Identity Card |
| <input type="checkbox"/> Passport and National Identity Card    | <input type="checkbox"/> Birth Certificate and Local Employer ID Card |
| <input type="checkbox"/> Passport and Local Employer ID Card    | <input type="checkbox"/> Passport and Birth Certificate               |
| <input type="checkbox"/> Birth Certificate and Driver's Licence |   |

#### 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Lease Agreement   | <input type="checkbox"/> Employment Letter |
| <input type="checkbox"/> Utility bill in Applicant's name  |  |
| <input type="checkbox"/> Utility bill in Landlord's name, Landlord's ID and Completed Credit Union Proof of Residence Form           |  |
| <input type="checkbox"/> Utility bill in Family Member's name, Family Member's ID and Completed Credit Union Proof of Residence Form |  |

#### 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 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 \$70 dollars is required for adults and \$35 for youth accounts (Age 17 & Under)

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

**PLEASE SUBMIT DOCUMENTS TO THE FOLLOWING ADDRESSES OR SUBMIT ELECTRONICALLY TO [NEWACCOUNTS@CICSACU.COM.KY](mailto:NEWACCOUNTS@CICSACU.COM.KY) (DOCUMENTS TO BE NOTORIZED):**

##### 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

**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.



**CICSA Co-operative  
Credit Union Ltd.**

# NEW ACCOUNT PACKAGE

## PROOF OF RESIDENCY

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



## 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?** ☐ YES ☐ NO  
**IMMEDIATE FAMILY: MOTHER, FATHER, BROTHER, SISTER, HUSBAND, WIFE, & CHILD**

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

## 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 WOULD YOU LIKE AN ATM CARD: ☐ YES ☐ NO

SIGNATURE

DATE (DD/MM/YYYY)



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:

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	(NAME)	(DATE OF BIRTH)	(EMAIL ADDRESS)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	(MAILING ADDRESS)	(TELEPHONE NUMBER)	(PHYSICAL ADDRESS)	
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	(NAME)	(DATE OF BIRTH)	(EMAIL ADDRESS)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	(MAILING ADDRESS)	(TELEPHONE NUMBER)	(PHYSICAL ADDRESS)	
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	(NAME)	(DATE OF BIRTH)	(EMAIL ADDRESS)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	(MAILING ADDRESS)	(TELEPHONE NUMBER)	(PHYSICAL ADDRESS)	
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	(NAME)	(DATE OF BIRTH)	(EMAIL ADDRESS)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	(MAILING ADDRESS)	(TELEPHONE NUMBER)	(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

<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

FOR CREDIT UNION  
USE ONLY

APPLICATION RECEIVED BY

REVIEWED AND APPROVED BY

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

### 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE	PRINT NAME	DATE (DD/MM/YYYY)

### FOR CREDIT UNION USE ONLY

VALID SELF- CERTIFICATION

☐ YES ☐ NO

VALIDATED BY

DATE VALIDATED