

St. Mary's Co-Operative Credit Union Limited

Business Account Application

Account Number: _____

STAFF ID _____

Account Ownership Requested

Sole Proprietorship Partnership Organization Association

BUSINESS INFORMATION

Name _____

Type of business _____

Business registration number _____

Date opened: _____

Business Address: _____

Email: _____

Business Tele#: _____

BENEFICIAL OWNER INFORMATION

Surname: _____

First name: _____

Middle Name: _____

Alias: _____

Male: _____ Female: _____

Date of Birth: _____/_____/_____

Tele: _____

IDENTIFICATION

Social Security Passport Driver's License National ID

ID Number _____

Country _____

ID Number _____

Country _____

Nationality: _____ Dual Nationality Yes No

Address: _____

Name of banker(s) _____

Source of Income _____

Source of wealth _____

SHAREHOLDER INFORMATION *(if applicable)*

Full name: _____ Date of birth _____

Occupation _____ Telephone # _____

Address _____

_____ Email _____

ID number _____ ID Type _____ Country _____

Are you an American citizen? Yes No

SHAREHOLDER INFORMATION *(if applicable)*

Full name: _____ Date of birth _____

Occupation _____ Telephone # _____

Address _____

_____ Email _____

ID number _____ ID Type _____ Country _____

Are you an American citizen? Yes No

Expected activity on account \$ _____ Daily weekly monthly

AUTHORIZED SIGNATURES

1. Full Name: _____ Signature _____

Title _____ Tele#: _____ Date _____

2. Full Name: _____ Signature _____

Title _____ Tele#: _____ Date _____

3. Full Name: _____ Signature _____

Title _____ Tele#: _____ Date _____

Witness #1 Name: _____ Signature: _____

Witness #2 Name: _____ Signature: _____

I hereby make application of business account and agree to conform to the bye-laws, policies and procedures of the St. Mary's Co-operative Credit Union limited.

FOR OFFICIAL USE ONLY

Account # _____

Date opened ____/____/____

Risk: High:

Medium:

Low:

Approved by: _____

Date: ____/____/____