 **Mabouya Valley Co-operative Credit Union Society Limited**

*Richfond, Dennery, St Lucia*

*Post Office Box QRS210*

Tel: (758) 453-8024 / 453-3819 Mobile: (758)720-5204 Fax: (758 453-3416 Int’l: 1 (347) 298-1288 Email: info@mvccu.net

**Application Form – Infant Thrift for Life (I.T.A.L)**

Date of application: ………………………………… Passbook No.: …………………. Account No.: ………………………….

 Name: ………………………………………………………………………………………………. Nickname: ……………………………

Date of Birth: ………/…….…/………. Gender: (a) Male (b) Female Country of Birth: ……………………………………........

Residential Address: ………………………………………………………………….. Nationality: ……………………………………………….

Identification ID #: ………………. NIC #: ………………… Passport #: ……………….. Drivers’ Licence# …………………..

 Expiry Date: ………/……….../………

School: …………………………………………………………………………………………………………….. Grade: ………………………

I qualify for membership of the Mabouya Valley Co-Operative Credit Union Society Limited by virtue of:

(a) Birth (b) Residence (c) parent is a member of the Credit Union

 Child’s signature : ……………………………………………………

**Parent /Guardian Personal Information**

1. Name of Parent/Guardian: ……………………………………………………………………………………………………………………

Date of Birth: …………../…………./…………. Gender: (a) Male (b) Female Country of Birth: …………………………………………

Residential Address: ……………………………………………………………………… Nationality: ………………………………………………..

Mailing Address: ………………………………………………………………………… Relationship to Minor: ……………………………………

Marital Status: (a) Single (b) Common Law (c) Married (d) Divorce (e) Seperated

Identification: ID #: ……………….. NIC #: ………………… Passport #: ……………………. Drivers’ Licence …………………..

Expiry Date: ………/……….../………

Contact Details: Home ………………….. Mobile: …………………. Work: ………………….. Email: ………………………………..

Name of Employer: ………………………………………………………………………………………………………………………………………...

Employment Address: ……………………………………………………………………………………………………………………………………...

Occupation/Position: ……………………………………………………………………………………………………………………………………….

Employment Status: (a) Permanent (b) Contract (c) Temporary (d) Self Employed

**Foreign Account Tax Compliance Act (FATCA) Requirements**

Are you a United States Citizen or Permanent residence? (a) Yes (b) No Social Security No. ……………………TIN No…………………..

**Other person transacting on behalf of Minor**

1. Name of Parent/Guardian: ………………………………………………………………………………………………………………………

Date of Birth: ………..../….…../…………. Gender: (a) Male (b) Female Country of Birth: …………………………………………...

Residential Address: ………………………………………………………………………… Nationality: ……………………………………...

Mailing Address: ……………………………………………………………………………. Relationship to Minor: ………………………….

Marital Status: (a) Single (b) Common Law (c) Married (d) Divorce (e) Seperated

Identification: ID #: ……………….. NIC #: ………………… Passport #: ……………………. Drivers’ Licence …………………..

Expiry Date: ………/……….../………

Contact Details: Home ………………….. Mobile: …………………. Work: ………………….. Email: …………………………………

Name of Employer: ………………………………………………………………………………………………………………………………………...

Employment Address: ……………………………………………………………………………………………………………………………………...

Occupation/Position: ……………………………………………………………………………………………………………………………………….

Employment Status: (a) Permanent (b) Contract (c) Temporary (d) Self Employed

**Foreign Account Tax Compliance Act (FATCA) Requirements**

Are you a United States Citizen or Permanent residence?  Yes  No Social Security No. ……………….. TIN No………………..

**Only parents or Guardian named on this application are eligible to make any withdrawals on behalf of the minor.**

**Please note that upon minor reaching the age of 16 years, the above named guardian would be considered null and void**

 **I agree to conform to the By Laws of the Credit Union and the Co-operative Societies Act.**

………………………………………………. ………………………………………………..

Signature of Member/Applicant Signature of Authorized Person

**Internal Use:**

Created by Name: ……………………………………… Verified by: Name: ……………………………….

Approval Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_