

Membership Application

Complete the Membership Application. The following documents are also required to be submitted with Application:

(2) Forms ID, Job Letter/Payslips (recent), Utility Bill (no older than 3-months), Bank statements (if self-employed), Membership Declaration form (download and sign).

Submit completed Application forms and required documents to:

Website: www.becuonline.com/formsEmail: service@becuonline.com

- Office: Corner Bournes Road and Angelina Street, St. James.

SECTION 1 – Personal Data											
1.	Last Name	Given	Nam	es				Ma	iden Na	me (if applica	ble)
2.	Date of Birth (dd-mm-	уууу):					Gende	er	M[]	F[]	
3.	Marital Status: Single [] Divorced	[] N	Iarrie	d []	Com	m	on La	w [] Wid	owed[]	
4.	Do you have any deper	ndents?	Ye	es []	No []		Hov	w many	dependents?	
5.	If yes, please list ages of	of depe	ndent	s:							
6.	Country of birth?										
7.	Country of residence?										
8.	Residential Address:				•						
9.	Mailing Address (if dif from above)	ferent									
10.	Telephone contact:		(Cel	1)			(Hon	ne)		(Work)	
11.	Email address:										
12.	National Identification Number (2 forms):		ID PP DP	[] [] []					ID PP DP	[] [] []	
13.	Expiration date for each of the above selected II										
14.	Country of issue for ea of the above selected I										



SECTION 2 – Employment Data					
15. Occupation:					
16. Employer's Name:					
17. Employer's Address:					
18. Employer's Contact Number:					
19. No. of years employed at current job:					
20. Employment type:					
Permanent (full-time) [] Contract [] Temporary [] Part-time [] Self-Employed []					
Self-employed ONLY, complete the following					
21. Name of business:					
22. Is the business registered?	Yes [] No []				
23. Type of business registered:	Sole trader [] LLC [] Partnership []				
24. Are business bank accounts m	aintained? Yes [] No []				
25. If yes, list bank/s:					
SECTION 3 – Deposit Information. Note the following mandatory membership contributions:					
Enrolment (\$10) Permanent Shares (\$40) Share Deposit (\$100min.)					
26. Select Account type for deposit (Review details on www.becuonline.com/savings)					
Shares [] PISA [] Savings [] Fixed Deposit []					



27. State value of deposit (if more than 1 account chosen above, please indicate value of each):						
Declarations and Beneficiary Information						
28. I Declare the source of funds for thi	s deposit is:					
29. I have not assumed the identity of any other person and the funds deposited are beneficially owned by me and no one else. I agree to deposit only valid items into my account and to refrain from using the account for Money Laundering, Terrorist Financing, any other criminal activities, specified offences or for furthering criminal purposes or conducts. I confirm that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft, or any other crimes or illicit activities (Declaration form to be signed and attached to complete process)						
Agree [] Disagree []						
30. In the event of my death, I nominate the following person as the beneficiary of any funds accruing in the Society.						
31. Beneficiary Full Name:						
32. Beneficiary ID Type and Number:	ID [] PP [] DP []					
33. Beneficiary Date of Birth:						
34. Beneficiary Contact Number:						
35. Beneficiary Mailing Address:						
36. How did you learn about BECU?	Facebook [] Instagram [] LinkedIn [] Website [] Existing Member [] Media [] Printed Press []					
37. How do you prefer to be contacted? Telephone Call [] Email [] WhatsApp []						



Politically Exposed Person. Please check all that apply.						
1. A current/ former senior official: of any arm of domestic/foreign government, government owned commercial enterprise, a major political party, the military?	Yes [] No []					
2. An individual entrusted with a prominent function by an international organization such as the UN and affiliates, OAS, IDB, ILO, CFATF, etc.?	Yes [] No []					
3. An immediate family member of any of the above or family member of their spouse (spouse, parents, siblings or children)?	Yes [] No []					
4. If yes, please state relationship						
5. A close personal or professional associate of the persons mentioned above?	Yes [] No []					
6. If yes, please state relationship						
Applicant signature:						
Date:						