



**Laborie Co-operative Credit Union Ltd.
Minor Application Form**

Account #:

Date & Time:

Branch:

Section A: Basic Information

Full Name: _____

First Middle Last Maiden Name

Date of Birth _____ (dd/mm/year) Gender: Male Female

Passport # _____ Other: _____ Country of Issue: _____

Country of Birth: _____ Nationality: _____

Citizen of more than one Country (*list all*): _____

Residential Address: _____

School: _____ Child's Signature: _____

I qualify for membership by virtue of: Birth Legal Residence

I agree to conform to the by-laws of the Credit Union and the Co-operatives Societies Act.
Only parents or guardians named in this application are eligible to make withdrawals on behalf of the minor.

Section B: Transacting Parties

Person opening Account

Full Name: _____

First Middle Last Maiden Name Alias

Date of Birth _____ (dd/mm/year) Gender: Male Female

Marital Status: Married Single Common Law Union Divorced Widow/Widower

Social Security # _____ ID Card # _____ Driver's License # _____

Passport # _____ Other: _____ Country of Issue: _____

Country of Birth: _____ Nationality: _____

Residential Address: _____

Employer: _____ Work Address: _____

Contact Numbers: _____
Home Work Cell

Email address: _____

Relationship to Minor: _____ Signature: _____

Other persons transacting on minor's behalf

Full Name: _____
First Middle Last Maiden Name Alias

Date of Birth _____ (dd/mm/year) Gender: Male Female

Marital Status: Married Single Common Law Union Divorced Widow/Widower

Social Security # _____ ID Card # _____ Driver's License # _____

Passport # _____ Other: _____ Country of Issue: _____

Country of Birth: _____ Nationality: _____

Residential Address: _____

Employer: _____ Work Address: _____

Contact Numbers: _____
Home Work Cell

Email address: _____

Relationship to Minor: _____ Signature: _____

Section D: Financial Information

Purpose of opening account:

Business transactions Employment Income Bill Payments Savings

Social/ Charity Work Remittances: _____ Other: _____

Source of Deposit Activity:

Salary/ Employment Income Sales & Business Income Rental Income Donations

Investments Sale of Assets Personal Savings Other

Method of Payments:

Cash Cheque Salary Remittance Bank Deposit Wire Transfer

How many deposits do you expect to make per month: _____

Average value of deposits for the month:

\$1 - \$500 \$500-\$1,000 \$1,000-\$5,000

\$5,000-\$25,000 (Details): _____ above \$25,000 (Details): _____

Section E: Withdrawal Instructions

Both parents must sign Either parent can sign Other : _____

Section F: Declaration

I/We hereby confirm that the details provided in this form and in any other document provided to the credit union are correct, true and complete, and agree to inform the credit union immediately of any change in the information provided.

I/We hereby declare that any money remitted into this account does not directly or indirectly originate from any illicit financial activity, and that I have not been, nor shall I be, involved, directly or indirectly, either individually or jointly with any other person(s), in any money laundering or terrorism financing activities.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am aware that the credit union reserves the right to withdraw the account holder from its membership.

Signature of Applicant: _____

Date: _____

Name of
First Witness:

Name of
Second Witness:

Signature of First Witness

Signature of Second Witness

Approval

Date