

## MEMBERSHIP APPLICATION



Date

To apply for membership, complete this form along with the other required forms and hand these in personally at an ACU office including the latest salary slip, two valid ID's and the registration fee of XCG 103,00 (USD 57,54 (converted at 1.79)). The registration fee of XCG 103,00 consists of XCG 50,00 for the first Share, XCG 50,00 for administration fee and XCG 3,00 for sales tax. Furthermore proper documentation is required to verify address, e.g. municipality extract or utility bill. In case membership application is denied, the XCG 50,00 for the 1 share will be refunded. The administration fee and sales tax will NOT be refunded.

Please circle / fill in what applies.

### Personal information

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	ID-Card / Valid ID	<input type="text"/>
Address	<input type="text"/>		
Mail address	<input type="text"/>		
Nationality	<input type="text"/>	Country	<input type="text"/>
Please choose gender	<input type="text" value="Male"/>	<input type="text" value="Female"/>	
Occupation	<input type="text"/>		
Employed at	<input type="text"/>		
Retiree	<input type="text" value="APC"/>	<input type="text" value="SVB"/>	
	<input type="text" value="PCN"/>	<input type="text" value="APS"/>	
Retiree type other	<input type="text"/>		
Home phone	<input type="text"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text"/>		
Email	<input type="text"/>		

### Joining as member through:

<input type="text" value="Employee/Pensioner of government, government foundation or their subsidiaries"/>	<input type="text"/>
<input type="text" value="Employee/Pensioner of approved affiliated companies"/>	<input type="text"/>
<input type="text" value="Employee/Pensioner of ACU or their subsidiaries"/>	<input type="text"/>
<input type="text" value="Exemption of Management based on article 5, sub f of ACU's Articles of Incorporation"/>	<input type="text"/>
<input type="text" value="Authorized family members"/>	<input type="text"/>

Family member number	<input type="text"/>		
Family Relationship	<input type="text" value="Spouse"/>	<input type="text" value="Registered partnership"/>	<input type="text" value="Parent/Child"/>
	<input type="text" value="Sibling"/>	<input type="text" value="*Other family to the 2nd degree"/>	

Are you a registered politician (PEP)

<input type="text" value="Yes"/>	<input type="text" value="No"/>
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\*Grandmother / Grandfather / Grandchild

Please describe PEP function

Do you have a family member or relative which is a registered politician (PEP)

<input type="text" value="Yes"/>	<input type="text" value="No"/>
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Please describe the PEP relationship

## Membership Conditions

Undersigned agrees to apply for the ACUito card.

 Yes

 No

Undersigned agrees to inform ACU on time and correctly on any changes to the information provided above

 Yes

 No

Undersigned states that this form has been completed in accordance with the truth, after approval of the membership application a minimum of XCG 25,00 (or USD 13,97) will be deposited monthly on his/her Share Account and that he/she will comply with the rules as described in the Articles of Incorporation and the Domestic Rules.

 Yes

 No

Undersigned agrees to receive information about his/her account and promotions to the above mentioned address and e-mail when the membership application has been approved.

 Yes

 No

Date

Applicant signature

## Internal registration of membership application

Member number

**Validation:**

**Please choose**

Marriage certificate / Family book

 Yes

 No

Valid ID

 Yes

 No

Automatic deduction

 Yes

 No

Registration fee paid

 Yes

 No

Last salary slip

 Yes

 No

Processed by

Checked by Head Branch

Date

Date

Signature SSO

Signature Head Branch

Accepted by

Date

Signature

## Delivery of ACUito card and PIN

Undersigned acknowledges the receipt of an ACUito card with associated PIN and also that he/she has received, read and understood and accepted the general terms and conditions of the ACUito card.

Card number

 6032490000

Delivery date

Member signature

## TRANSACTION PROFILE



In accordance with ACU Member Acceptance Policy and local Laws & Regulations, when opening or owning an account, each member is requested to provide us with the following information:

### Personal Information

Membership number\*  Identification number   
First name  Nationality   
Last name  E-mail

### Transaction Description

Will you deposit a large amount on your account with ACU?

☐ No ☐ Yes, describe \_\_\_\_\_

Description of the main activities. Specify the types of payments and deposits to be made and received into the account respectively:

☐ Save ☐ Payment of utilities ☐ Others, describe, \_\_\_\_\_

Estimated frequency of bank transactions:

☐ Daily ☐ Weekly ☐ Monthly

Details	No. of Transactions	Total Amount
<b>Deposit / Incoming</b>		
Cash Deposit		
Online Transfer		
<b>Withdrawal / Outgoing</b>		
Cash Withdrawal		
Online Transfer		

If cash transactions are to occur, kindly provide a brief overview of the anticipated activities per month:

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### Source of Income

☐ Salary ☐ Pension (APC, AOV, ENNIA or else)  
☐ Own company (state the name of the company), \_\_\_\_\_  
☐ Others (describe), \_\_\_\_\_

Initials:

\*For new members only: The membership number will be completed by the ACU's Sales & Service Officer upon approval of the application.

### Terms and Conditions:

I declare that all funds to be processed into my (applied) account have been obtained by legal and genuine business means.

I declare that the above information is correct and I acknowledge ACU's right to verify the accuracy of the information provided.

I am aware that ACU may terminate the business relationship at any time if the information provided is found to be incorrect or misleading in any way, and also that ACU may report such account termination to the competent judicial authorities.

I agree to inform ACU in a timely and accurate manner of any change in the above data.

**Please note that ACU may request additional documentation based on the above information.**

Date:

Applicant / Member Signature:

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### For internal use

Helped by:

Name \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_\_

☐ The form has been completely and correctly filled by the (potential) member.

\*For new members only: The membership number will be completed by the ACU's Sales & Service Officer upon approval of the application.