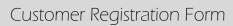
REGISTERED SERVICES







MY WU Card Number				1	Male	Female
Last Name						
First Name		Mide	dle Name			
Street Address						
Parish	Nationality					
Date of Birth	MM/DD/YY Home Phone					
Cell Phone	Work Phone					
Place of Employement						
Occupation						
E-Mail Address						
IDENTIFICATION (Primary) ID Number Expiry Date (If Any			IDENTIFICATION (Primary) ID Number Expiry Date (If Any)			
ID Number Expiry D		ate (IT Any)	ID Nun	nber	Expiry	Date (If Any)
ID Type	ID Type					
15 туре						
Security Questions: Answer at least two of the below questions						
1. What is your mother's maiden name?						
2. Where did you meet your spouse?						
3. What was your first job?						
Bank Name & Branch						
Bank Transit # Account #						
Account Type: Chequing Savings (Check One)						
Official Savings (Official Official Off						
BY SIGNING THIS DOCUMENT YOU,						
BI SIGNING THIS DOCUMENT TOO,						
1. Expressly consent to the transfer of your personal data to Western Union and affiliates in countries like the U.S for the purpose of providing						
the money transfer service and undertaking the additional data processing activities specified in the data protection section of terms and						
conditions. 2. Expressly consent to the carrying out the of market analysis and marketing communications, as well as to report to regulators or governmental entities in accordance with applicable law. You understand that you have the right to change your marketing preferences						
(opt out) at any time. To do so or to request access to, or ask for a copy of your information, or to correct inaccurate or out-of-date information						
as stated in the T&C's call 537-1690. 3. Agree that each use by you of any registered service is subject to the terms and conditions of that						
service. 4. Confirm that the information you have provided is correct and that you have read and accepted the terms and conditions of each						
of the registered services under the Western Union brand, which were made available to you upon registration. 5. Hereby give New World						
Capital Inc. consent to transfer the full amount of my Consumer Receive Transaction received by it from Western Union through the Western Union system into my bank account designated on this form above.						
,						
Date Customer						omer Signature
Western Union Location				CSR Name (BLOCK LETTERS)		
EOD OFFICIAL LIC	CE ONLY	Westelli U	on Eocation	JON Name	CIDEOU	· LLIILI(U)
FOR OFFICIAL US	EUNLY			_	Т	
Call E27 1600 to notive to and start using the same is				Date	C	SR Signature
Call 537-1690 to activate and start using the service.						