Account Type:	APPLICATION FORM	Application Date:
Member Number:	Name of Credit Union:	UPDATE DUE DATE:

SECTION A: APPLICATION INFORMATION

Title:	Marital Status:	Sex:	Date of Birth:	Place of Birth:	T.R.N.:

First Name:	Middle Name:	Surname:	Maiden Name:	Alias:

Current Home Address:	Mailing Address:	Previous Address:
Residential Status:	**Time at this Address:**	**Nationality:**
Home Phone:	**Mobile Phone:**	**Work Phone:**
Fax Number:	**Email:**	

SECTION B: APPLICANT'S IDENTIFICATION INFORMATION (FOR CHILD ? BOTH SECTIONS MUST BE COMPLETED)

Identification Type:	ID Number:	Expiry Date:
CHILD APPLICANT:		
Identification Type:	**ID Number:**	**Expiry Date:**

SECTION C: EMPLOYMENT STATUS & OTHER INFORMATION

Occupation/Job Title:	Form of Employment:
Do you hold a prominent public position such as senior government official, senior civil servant, politician, senior police or army officer?	
Are you immediately related to or closely associated with any person in any of the above mentioned positions?	**Are you related to an employee, relative or volunteer of the Credit Union?**

Name of Employer/Business/School:	Telephone Number:	Employed/Attending School Since:
Employer/Business/School Address:		

Source of Funds:	Annual Salary/Income:	Currency: (for Income Received):	Expected Deposit Amount:

SECTION D: FAMILY INFORMATION

Title:	Marital Status:	Sex:	Date of Birth:	T.R.N.:

First Name:	Middle Name:	Surname:	Maiden Name:

Current Home Address:	Nationality:	Relation to Applicant:
Home Phone:	**Mobile Phone:**	**Work Phone:**
Fax Number:	**Email:**	
Occupation/Job Title:	**Form of Employment:**	

Name of Employer/Business:	Employed Since:	Employer/Business Address:
Is the spouse/parent/guardian/next of kin expected to make lodgements to this account? **Source of funds:**		**Actual Yearly Salary/Income:**

SECTION E: HOW ELSE CAN WE CONTACT YOU (Nearest Relative NOT Living with you)

Title:	Marital Status:	Sex:	Date of Birth;	T.R.N.:

First Name:	Middle Name:	Surname:	Maiden Name:	Alias:

Current Home Address:	Relation to Applicant:	Nationality:
Home Phone:	**Mobile Phone:**	**Work Phone:**
Fax Number:	**Email:**	

Occupation/Job Title:	Name of Employer/Business:	Employer/Business Address:

SECTION F: VERIFICATION OF ADDRESS

Recent original utility bill in the name of the applicant OR
Recent correspondence (within the last three (3) months) in the applicant's name and bearing the same address (from government, financial institution or place of employment)

SECTION G: INFORMATION FOR REFERENCE(S) Reference(s) will be contacted

FOR OFFICIAL USE ONLY: ☐ **REFERENCES VERIFIED**

REFERENCE 1	Title:	First Name:	Middle Name:	Surname:

Current Home Address:	Nationality:	Type of Reference: How long have you known the applicant:
Home Phone:	**Mobile Phone:**	**Work Phone:**
Fax Number:	**Email:**	
Occupation/Job Title:	**Name of Employer/Business:**	**Employer/Business Address:**

REFERENCE 2	Title:	First Name:	Middle Name:	Surname:

Current Home Address:	Nationality:	Type of Reference: How long have you known the applicant:
Home Phone:	**Mobile Phone:**	**Work Phone:**
Fax Number:	**Email:**	
Occupation/Job Title:	**Name of Employer/Business:**	**Employer/Business Address:**

SECTION H: CITIZEN INFORMATION

Are you a citizen of the United States of America?	Are you a United States of America Green Card holder?	Were you born in the United States of America?	Are you a United States of America Resident?	Other country apart from Jamaica and the United States:

US Address: United States	US Taxpayer Number:	US Telephone Number:

SECTION I: UPDATING ACCOUNT

In keeping with the governmental regulations, the personal information on all accounts mentioned at the Credit Union MUST be updated every seven (7) years, sooner or later as may be determined by government regulators.

SECTION J: CLOSING YOUR ACCOUNT

A member may be expelled and his/her accounts closed, if he/she acts in contravention of the Co-operative Societies Act and Regulations or Credit Union rules, acts in any way detrimental to the interests of the Credit Union, acts in contravention of legislation pertaining to deposit taking institutions, attempts to defraud the Credit Union or is convicted of a criminal act.

SECTION K: OBTAINING INFORMATION

I authorize the Credit Union to obtain additional information from other sources as deemed necessary.

I _____ the undersigned confirm that I have read and understand what is written in this document and also confirm that the information provided herein is true and correct. I authorize the CREDIT UNION to verify all information and to obtain from anyone any additional information that may be required to process this application. I hereby apply for membership in the CREDIT UNION and agree to confirm the rules and amendments thereof and subscribe to the required shares. It is my responsibility to inform the CREDIT UNION of all changes as they affect my member account status.

Herewith please find the sum of $_____ being as follows:

Permanent Shares:	$
Voluntary Shares:	$
Ordinary Deposit:	$
Entrance Fee:	$
Book of Rules:	$
Identification Card:	$
Other:	$
Total:	$

Signature of Applicant: _____ Witness to Signature of Applicant: _____

Name of Person Recommending Applicant: _____

Name of Parent/Guardian: (Child) _____ Signature of Parent/Guardian: (Child) _____

Name of Director, Volunteer or Staff Member Recommending Applicant: _____ Signature of Director, Volunteer or Staff Member Recommending Applicant: _____

FOR OFFICIAL USE ONLY: **APPROVAL OF MEMBERSHIP**

This applicant was approved for membership and entered in the Minute Book at the Meeting of the Board of Directors held: _____

MEMBER ACCOUNT NUMBER: _____

President/Chairman or Designate: _____ **Secretary or Designate:** _____

APPLICATION FORM

Access Plus ™

Title:	**Marital Status:**	**Sex:**	**Date of Birth:**	**Staff/Volunteer:**
First Name:		**Middle Name:**		**Surname:**
Current Home Address:				
Home Phone:		**Mobile Phone:**		**Work Phone:**
Fax Number:		**Email:**		

Signature of Applicant: _____ **Date:** _____

NOMINATION FORM

(PURSUANT TO THE CO-OPERATIVE SOCIETIES ACT)

Name of Credit Union: _____

Member Number: _____

I _____

Address: _____ Occupation: _____

A member of the above-named Credit Union, do hereby revoke any previous nomination made by me and do hereby Nominate the following person(s) (none of them being an Officer or Servant of the Credit Union, unless such person is the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew or Niece of me, the Nominator) to or among whom shall be transferred my property in the Credit Union, whether in shares, Loans, Deposits or otherwise in such proportions as is set forth below opposite their respective names.

Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationshi	Occupation	Proportion %

I, further appoint the following person(s) as trustee(s) for the minor(s) nominated above until he or she attains the age of eighteen (18) (a Trustee appointed must be eighteen (18) years of age or older).

IN WITNESS WHEREOF I have hereunto set my hand this _____ day of _____ 20 _____

Signature of Member Making Nomination/Parent/Guardian: _____

1. Signature of Witness: _____ Address: _____

2. Signature of Witness: _____ Address: _____

I declare that the present nomination was deposited with the Credit Union on _____

Signature of Secretary of Designate of the Credit Union: _____

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FOR INTERNAL USE ONLY

ACCOUNT TYPES	ACCOUNT NUMBERS	AVAILABLE BALANCES
01 CHEQUING		$
02 SAVINGS		$
03 EASI LOAN		$
04 SHARES		$

ACCOUNT # _____

REASON	ATM LIMIT	POS LIMIT

ID TYPE	ID #

6	0	1	4	9	4										

Prepared: _____ **Checked:** _____