Account Type:			CREDIT UNION APPLICATION FORM								Application Date:					
Member Number:	Nan									UPDATE DUE DATE:						
SECTION A: APPLICAT	ION INF	ORMAT	ION													
Title:	itle: Marital Status: Sex:				Date of Bir				th:	Place of Birth:					T.R.N.:	
First Name: Middle Name:				Surname: Maide					Maiden N	Name: Alias:						
Current Home Address:				Mailing Address: Pre					Previous A	Previous Address:						
Residential Status:				Time at this Address: Nation						Nationali	nality:					
Home Phone:					Mobile	Pho	ne:					Work Pho	ne:			
Fax Number:					Email:							l				
SECTION B: APPLICAN	IT'S IDEN	NTIFICA [*]	TION I	NFORM	ATION (FOR	CHILD	ВО	TH SECT	ION	S MUST BI	COMPLET	ED)			
Identification Type:					ID Num	ber	:					Expiry Da	Expiry Date:			
CHILD APPLICANT	:															
Identification Type:					ID Number:							Expiry Date:				
SECTION C: EMPLOYN	IENT ST	ATUS &	OTHE	R INFO	RMATIO	N										
Occupation/Job Title:					Employment Status:											
Do you hold a promin	ent pub	lic posit	tion su	ich as se	enior gov	/ern	ment o	fficia	al, senio	r civ	il servant,	politician,	senior	police or	army officer?	
Are you immediately any of the above-mer				issociat	ed with a	any	person	in	Are you Credit U			employee	, relati	ive or volu	unteer of the	
Name of Employer/Business/School:				Telephone Number:						Employed/Attending School Since:						
Employer/Business/S	chool A	ddress:			L							l				
Source of Funds: Annual Sala			al Salar	y/Income: Currency: (for I					or li	Income Received): Expe			ected Deposit Amount:			
SECTION D: NEXT OF	KIN															
Title:		Marita	l Statu	ıs:		Se	ex:				Date of	Birth:		T.R.N.:		
First Name:			Midd	le Nam	e:				Surnam	ie:	1		Maid	en Name:		
Current Home Address:				Nationality:							Relation to Applicant:					
Home Phone:				Mobile Phone:						Work Phone:						
Fax Number:				Email:												
Occupation/Job Title:									Form of	f Em	ployment	:				
Name of Employer/Business:				Employed Since:						Employer/Business Address:						
Is the spouse/parent/guardian/next of kin expected					ed to make lodgements to this account?					Actual Ye	actual Yearly Salary/Income:					
Source of funds:																

SECTION F: VERIFICATION OF A	DDRESS								
Recent correspor		e last three (3	plicant OR 3) months) in the ap ce of employment)	plicant's	name a	nd bearing the	e san	ne address	
SECTION G: INFORMATION FOR	REFERENCE(S) Re	ference(s) wil	II be contacted						
FOR OFFICIAL USE ONLY:	REFERE	NCES VERIFIE	:D						
REFERENCE 1	First Name:		Middle	Name:	Surname:				
Current Home Address:		Nationa	lity:			Type of Reference:			
						How long hav	ve yo	ou known the applicant:	
Home Phone:		Mobile I	Phone:			Work Phone:	Phone:		
Fax Number:		Email:							
Occupation/Job Title:	Name of	Name of Employer/Business:				Employer/Business Address:			
REFERENCE 2	REFERENCE 2 Title: Fi			rst Name: Middle			Suri	Surname:	
Current Home Address:		Nationa	lity:			Type of Reference:			
						How long have you known the applicant:			
Home Phone:		Mobile I	Phone:			Work Phone:			
Fax Number:		Email:							
Occupation/Job Title:	Name of	f Employer/Business	i:		Employer/Business Address:				
SECTION H: CITIZEN INFORMA	ATION								
Are you a citizen of the United States of America?	I States of er?	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 Tax				payer Number: US Telephone Number:		
SECTION I: UPDATING ACCOU	JNT								
In keeping with the government updated every seven (7) ye							e Cr	edit Union MUST be	
SECTION J: CLOSING YOUR AC	COUNT								
A member may be expelled Regulations or Credit Union pertaining to deposit taking	rules, acts in ar	ny way detrii	mental to the intere	ests of th	ne Credi	it Union, acts	in co	ontravention of legislation	
I hereby apply for members notify the Credit Union of ar to this application from any a minimum of \$1,000.00 in dollar each. Signature of Applicant: Name of Person Recomme	ny material chang source it deems Permanent Shar	ge thereto. I relevant an res and a mi	I authorize the Cred ad I agree to confor	dit Unior m to the Voluntar	n to obta Rules a ry Share	ain any inform and amendme	ation ents	n it may require, relating thereof, and subscribe to	
Name of Parent/Guardian	· (Child)		Signati	ure of Do	arent/Gu	uardian: (Chile	۹)		
Name of Parent/Guardian	. (Cilia)		Signati	ile Oi Fa	aleili/Gu	iaiuiaii. (Cilii	u) _		
Name of Director, Voluntee Staff Member Recommend Applicant:		Signature of Director, Volunteer or Staff Member Recommending Applicant:							

FOR OFFICIAL USE C	ONLY:	APPROVAL OF MEMBE	ERSHIP								
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/Chairmar Designate:	n or		Secretary of Designate:								
Name of Credit Un	nion:	_	INATION FORM E CO-OPERATIVE SO								
Member Number:											
l											
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)	Relationship	Occupation	Proportion %					
				ed above until h	e or she attains the age	e of eighteen					
(18) (a Trustee app	ne following person(s pointed must be eigh			ed above until he		e of eighteen					
		teen (18) years of aç		ed above until h	e or she attains the age	e of eighteen					
(18) (a Trustee app		teen (18) years of aç		ed above until he		e of eighteen					
(18) (a Trustee app		Address	ge or older).	ed above until he		e of eighteen					
Name IN WITNESS WH	pointed must be eigh	Address Into set my hand this	ge or older).								
Name IN WITNESS WH	pointed must be eight	Address Into set my hand this	ge or older).	ay of							
Name IN WITNESS WH Signature of Mem	EREOF I have hered	Address Into set my hand this	ge or older).	ay of							
Name IN WITNESS WH Signature of Mem 1. Signature of N	EREOF I have hered aber Making Nominat Witness:	Address Into set my hand this	ge or older).	ay of	Telephone Number						
Name IN WITNESS WH Signature of Mem 1. Signature of V 2. Signature of V	EREOF I have hered with the eight shows the ei	Address Into set my hand this ion/Parent/Guardian	ge or older).	ay of	Telephone Number						
Name IN WITNESS WH Signature of Mem 1. Signature of V 2. Signature of V	EREOF I have hered aber Making Nominat Witness:	Address Into set my hand this ion/Parent/Guardian	ge or older).	ay of	Telephone Number						