

Account Type: <input type="checkbox"/> Adult <input type="checkbox"/> Child	APPLICATION FORM			Date: (dd-mm-yyyy)	
	Name of Credit Union: Member Number:			UPDATE DUE DATE: (dd-mm-yyyy)	

SECTION A: APPLICANT INFORMATION

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
				Date of Birth: (dd-mm-yyyy)	T.R.N.:
First Name:		Middle Name:		Surname Name:	
				Maiden Name:	Alias:
Current Home Address: (Street)		City/Town/District/P.O. Box/Postal Zone/Zip Code:		Parish/Milestone/Directions: (if applicable)	
Country:		Nationality:			
Mailing Address: (if different from above address)				Telephone Number: (Home)	Telephone Number: (Cell)
City/Town/District:		P.O. Box/Postal Zone/Zip Code:		Telephone Number: (Fax)	
Parish:		Country:		Email:	
Previous Home Address: (Street)		City/Town/District:		Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Time at this Address: <input type="text"/> Year(s) <input type="text"/> Month(s)
P.O. Box/Postal Zone/Zip Code:		Country:		Number of Dependent(s): Age of Dependent(s):	

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

ADULT APPLICANT & PARENT/GUARDIAN OF CHILD APPLICANT: <input type="checkbox"/> D/License <input type="checkbox"/> Passport <input type="checkbox"/> National ID (Voters Card/Electoral Card/Citizenship Card) ID Number: _____ Expiry Date: _____ (dd/mm/yyyy)		CHILD APPLICANT: <input type="checkbox"/> Birth Certificate & Certified Photo/School ID OR <input type="checkbox"/> Passport ID Number: _____ Expiry Date: _____ (dd/mm/yyyy)	
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SECTION C: EMPLOYMENT STATUS & OTHER INFORMATION

Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)		<input type="checkbox"/> Full-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Self Employed: (state nature of business) <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired _____			
Do you hold a prominent public position such as senior government official, senior civil servant, politician, senior police or army officer? <input type="checkbox"/> Yes <input type="checkbox"/> No Position Held: _____					
Are you immediately related to or closely associated with any person in any of the above-mentioned positions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: _____			Are you related to an employee, relative or volunteer of the Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name: _____ Relation: _____		
Name of Employer/Business/School:			Telephone Number:		Employed/Attending School Since: (dd/mm/yyyy)
Employer/Business/School Address:			Source of Funds:		Annual Salary/Income: (\$)
City/Town/District:		P.O. Box/Postal Zone/Zip Code:		Expected Deposit Amount: <input type="checkbox"/> Annually: _____ <input type="checkbox"/> Monthly: _____ <input type="checkbox"/> Fortnightly: _____ <input type="checkbox"/> Weekly: _____	
Parish:		Country:		Currency: (for Income Received)	

SECTION D: FAMILY INFORMATION

<input type="checkbox"/> SPOUSE: (Re: Adult)		<input type="checkbox"/> PARENT/GUARDIAN: (Re: Child)			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
				Date of Birth: (dd-mm-yyyy)	T.R.N.:
First Name:		Middle Name:		Surname Name:	
				Maiden Name:	Relation to Applicant:
Current Home Address: (Street)				Telephone Number: (Home)	Telephone Number: (Cell)
City/Town/District:		P.O. Box/Postal Zone/Zip Code:		Telephone Number: (Work)	Telephone Number: (Fax)
Parish:		Country:	Nationality:	Email:	
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)			<input type="checkbox"/> Full-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Self Employed: (state nature of business) <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired _____		
Name of Employer/Business:				Employed Since: (dd-mm-yyyy)	
Address of Employer/Business:				Is the spouse/parent/guardian expected to make lodgements to this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/Town/District:		P.O. Box/Postal Zone/Zip Code:		If yes, what is the Source of Funds? _____	
Parish:		Country:		Actual Yearly Salary/Income:	Actual Yearly Salary/Income:

SECTION E: HOW ELSE CAN WE CONTACT YOU (Nearest Relative NOT Living with you)									
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____			Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
						Date of Birth: (dd-mm-yyyy)		T.R.N.:	
First Name:		Middle Name:		Surname Name:		Maiden Name:		Alias:	
Current Home Address: (Street)			City/Town/District:			Parish:			
Country:			Nationality:			Relation to Applicant:			
Name of Employer/Business/School:					Telephone Number: (Home)		Telephone Number: (Cell)		
Occupation/Job Title: (the terms “business man/woman - manager” are not acceptable)					Telephone Number: (Work)		Email:		
Employer/Business/School Address: (Street)							City/Town/District:		
P.O. Box/Postal Zone/Zip Code:			Parish:			Country:			
SECTION F: VERIFICATION OF ADDRESS									
<input type="checkbox"/> Recent original utility bill in the name of the applicant OR									
<input type="checkbox"/> 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									
Acceptable References include:									
<input type="checkbox"/> Credit Union Board/Committee Member <input type="checkbox"/> Credit Union Employee at supervisory level, employed for more than one (1) year <input type="checkbox"/> JP/Notary Public <input type="checkbox"/> Medical Doctor									
<input type="checkbox"/> Police Officer (Rank of Inspector or Higher) <input type="checkbox"/> Credit Union Member for more than two (2) years and in good standing <input type="checkbox"/> Attorney-at-Law <input type="checkbox"/> Principal									
<input type="checkbox"/> Manager of another Financial Institution where the applicant has an account in good standing (letter must state same) <input type="checkbox"/> Minister of Religion <input type="checkbox"/> Employer (HR Manager or Higher)									
FOR OFFICIAL USE ONLY:			<input type="checkbox"/> REFERENCES VERIFIED						
REFERENCE 1	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		First Name:		Middle Name:		Surname Name:		
	Current Home Address: (Street)				City/Town/District:		Parish:		
Country:		Nationality:			Type of Reference: How long have you known the applicant: _____ Years				
Name of Employer/Business:				Telephone Number: (Home)		Telephone Number: (Cell)			
Occupation/Job Title: (the terms “business man/woman - manager” are not acceptable)				Telephone Number: (Work)		Email:			
Employer/Business Address: (Street)						City/Town/District:			
P.O. Box/Postal Zone/Zip Code:		Parish:			Country:				
REFERENCE 2	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		First Name:		Middle Name:		Surname Name:		
	Current Home Address: (Street)				City/Town/District:		Parish:		
Country:		Nationality:			Type of Reference: How long have you known the applicant: _____ Years				
Name of Employer/Business:				Telephone Number: (Home)		Telephone Number: (Cell)			
Occupation/Job Title: (the terms “business man/woman - manager” are not acceptable)				Telephone Number: (Work)		Email:			
Employer/Business Address: (Street)						City/Town/District:			
P.O. Box/Postal Zone/Zip Code:		Parish:			Country:				
SECTION H: CITIZEN INFORMATION									
Are you a citizen of the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a United States of America Green Card holder? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you born in the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a United States of America Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Other country apart from Jamaica and the United States: _____	
US Address: (Street)									
City/Town/District:		P.O. Box/Postal Zone/Zip Code:			US Telephone Number:				
SECTION I: UPDATING ACCOUNT									
In keeping with governmental regulations, the personal information on all accounts maintained 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 conform to 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 a Meeting of the Board of Directors held: _____

MEMBER ACCOUNT NUMBER: _____

President/Chairman or Designate: _____

Secretary or Designate: _____

APPLICATION FORM

Title:

☐ Mr.

☐ Mrs.

☐ Miss

☐ Other:

Marital Status:

☐ Divorced

☐ Widowed

☐ Single

☐ Married

☐ Separated

Sex:

☐ Male

☐ Female

Date of Birth: (dd-mm-yyyy)

Staff/Volunteer

☐ Yes

☐ No

First Name:

Middle Name:

Surname:

Current Home Address: (Street)

Telephone Number: (Home)

Telephone Number: (Cell)

City/Town/District:

P.O. Box/Postal Zone/Zip Code:

Telephone Number: (Work)

Telephone Number: (Fax)

Parish:

Country:

Email:

Signature of Applicant: _____

Date: _____

Access Plus™

