Account Type:		APPLICA	TION	FORM	VI			Date: (dd-mm-yyyy)					
☐ Adult	Name of Credit Ur	nion:						UPDATE DUE DATE: (dd-mm-yyyy)					
Child	Member Number:												
SECTION A: APPLICANT I	NFORMATION	Marital Status:				Sex: Male	Female						
☐ Mr. ☐ Mrs. ☐ Miss ☐	Other:	☐ Divorced ☐ Widowed ☐ Married ☐ Separated	☐ Single	е		Date of Birth: (dd-mm		T.R.N.:					
First Name: Mi	iddle Name:	Surname Name:				Maiden Name:		Alias:					
Current Home Address: (Street))	City/Town/District/P.O. Box/Po	ostal Zone	/Zip Code:		Parish/Milestone/Directions: (if applicable)							
Country:						Nationality:							
Mailing Address: (if different fro	om above address)			Telephone Number: (Home)				Telephone Number: (Cell)					
City/Town/District:		P.O. Box/Postal Zone/Zip Coc	DO Dev/Destel Zere/7/n Code					Telephone Number: (Fax)					
Parish:		Country:				Email:	an,						
Previous Home Address: (Stree	et)	City/Town/District:				Residential Status:] Own ☐ Rent	Time at this Address:					
P.O. Box/Postal Zone/Zip Code	ə:	Country:				Other:		Year(s) Month(s)					
						Age of Dependent(s):							
SECTION B: APPLICANT'S ADULT APPLICANT & PARENT		NINFORMATION (FOR CHILD - BO	OTH SECT	TIONS MUS		COMPLETED) D APPLICANT:							
		ers Card/Electoral Card/Citizenship Card	ard)			rth Certificate & Certified	d Photo/School II	O <u>OR</u> Passport					
ID Number:		Expiry Date:(dd/m	nm/yyyy)		ID Nu	ımber:		Expiry Date:(dd/mm/yyyy)					
SECTION C: EMPLOYMEN													
Occupation/Job Title: (the term	is "business man/w	oman - manager" are not acceptable)				ct Student Sel	f Employed: (stat	e nature of business)					
Do you hold a prominent public	c position such as s	enior government official, senior civil s	servant, po	olitician, sen	ior poli	ice or army officer?	Yes 🗌 No F	Position Held:					
Are you immediately related to above-mentioned positions?	or closely associate	ed with any person in any of the o		Are you related to an employee, relative or volunteer of the Credit Union? Yes									
If yes explain:			—	Relation:									
Name of Employer/Business/So	chool:			Telephone Number: Employed/Attending School Since: (dd/mm/									
Employer/Business/School Add	dress:			Source of	f Fund	l Salary/Income: (\$)							
City/Town/District:		P.O. Box/Postal Zone/Zip Code:				sit Amount:		nthly:					
							ekly:						
Parish:		Country:	Currency	: (for Ir	ncome Received)								
SECTION D: FAMILY INFO	RMATION												
SPOUSE: (Re: Adult)		☐ PARENT/GUARDIAN	N: (Re: Chile	d)									
Title:		Marital Status:	Se			☐ Male ☐ Female)						
☐ Mr. ☐ Mrs. ☐ Miss ☐	Other:	☐ Divorced ☐ Widowed ☐ Married ☐ Separated	Single	е	Date	of Birth: (dd-mm-yyyy)		T.R.N.:					
First Name: Mi	iddle Name:	Surname Name:	Surname Name: Maid					Relation to Applicant:					
Current Home Address: (Street))			Telephone Number: (Home)				Telephone Number: (Cell)					
City/Town/District:	P.O.	Box/Postal Zone/Zip Code:	Tele			elephone Number: (Work)		Telephone Number: (Fax)					
Parish:	Cou	intry: Nationa	ality:		Emai	l:							
Occupation/Job Title: (the term	s "business man/w	oman - manager" are not acceptable)		III-time ☐ Contract ☐ Student ☐ Self Employed: (state nature of business) ☐ Unemploy urt-time ☐ Seasonal ☐ Retired									
Name of Employer/Business:				Employed Since: (dd-mm-yyyy)			/y)						
Address of Employer/Business	:				ls the	Is the spouse/parent/guardian expected to make lodgements to this acco							
2. Employof Business.						o							
City/Town/District:		P.O. Box/Postal Zone/Zip Code:			If yes	s, what is the Source of F							
Parish:		Country:	Act			al Yearly Salary/Income:		Actual Yearly Salary/Income:					

SECTION E: HOW ELSE CAN WE CONTACT YOU	(Nearest Relative NO	T Living with you)							
Title:	Marital Status:	<u>I</u> Living with you,		Sex:					
Tide.	Wantai Otatas.				ale Female				
☐ Mr. ☐ Mrs. ☐ Miss ☐ Other:		idowed		Date of Birth:	(dd-mm-yyyy)	T.R.N.:			
First Name: Middle Name:	l Surname Na	ame:		Maiden Name	٥٠.	Alias:			
First Name.	Surriame No	атте.		Waldell Name	÷.	Alias.			
Current Home Address: (Street)	City/Town/District:			Parish:					
Country:	Nationality:			Relation to Ap	oplicant:				
Name of Employer/Business/School:				Telephone Nu	mber: (Home)	Telephone Number: (Cell)			
Occupation/Job Title: (the terms "business man/womar	ı - manager" are not acc	eptable)		Telephone Nu	mber: (Work)	Email:			
Employer/Business/School Address: (Street)				City/Town/District:					
P.O. Box/Postal Zone/Zip Code:	Parish:		Country:						
SECTION F: VERIFICATION OF ADDRESS									
	+ OD								
Recent original utility bill in the name of the applicar Recent correspondence (within the last three (3) mo		name and bearing the sa	me address (f	from governmen	t financial institution of	or place of employment)			
			arric address (i	noni governinen	t, manota motitation c	propieto or employmenty			
SECTION G: INFORMATION FOR REFERENCE(S) Keterence(s) Will b	e contacted							
Acceptable References include:									
☐ Credit Union Board/Committee Member ☐ Cre	dit Union Employee at s	upervisory level, emplo	yed for more t	han one (1) year	☐ JP/Notary Public	Medical Doctor			
☐ Police Officer (Rank of Inspector or Higher) ☐ Cre	dit Union Member for m	ore than two (2) years a	nd in good sta	anding	Attorney-at-Law	☐ Principal			
☐ Manager of another Financial Institution where the a	pplicant has an account	t in good standing (lette	r must state s	ame)	Minister of Religi	on Employer (HR Manager or Higher)			
FOR OFFICIAL USE ONLY:	ENCES VERIFIED								
	Firet N	ama:	Middle	Name:	Surna	me Name:			
REFERENCE 1 Title: Mr. Mrs.	Miss	ame.	Middle	name.	Suma	me name.			
☐ Other:									
Current Home Address: (Street)			City/Tov	wn/District:		Parish:			
Country:	Nationality:			Type of Refer	ence:				
						icant:Years			
				_	e you known the appl	rears			
Name of Employer/Business:				Telephone Nu	ımber: (Home)	Telephone Number: (Cell)			
Occupation/Job Title: (the terms "business man/woma	n - manager" are not acc	ceptable)		Telephone Nu	ımber: (Work)	Email:			
Employer/Business Address: (Street)						City/Town/District:			
P.O. Box/Postal Zone/Zip Code:	Parish:			Country:					
REFERENCE 2 Title: Mr. Mrs. Other:	Miss First N	ame:	Middle	e Name:	me Name:				
Current Home Address: (Street)			City/Tov	wn/District:		Parish:			
Country:	Nationality:			Type of Refer	ence:				
				How long hav	e you known the appl	icant:Years			
Name of Employer/Business:				Telephone Nu	ımber: (Home)	Telephone Number: (Cell)			
Occupation/Job Title: (the terms "business man/woma	n - manager" are not acc	ceptable)		Telephone Nu	ımber: (Work)	Email:			
Employer/Business Address: (Street)				ı		City/Town/District:			
P.O. Box/Postal Zone/Zip Code:	Parish:			Country:					
OFOTION II. OITITEN INFORMATION									
SECTION H: CITIZEN INFORMATION	<u> </u>								
Are you a citizen of Yes Are you a United the United States of America? No Green Card holder?	Yes Were you the United of America	States S	re you a Unite tates of Ameri esident?		Other country ap	art from Jamaica and the United States:			
US Address: (Street)	l								
City/Town/District:	P.O. Box/Postal Zone	e/Zip Code:		US Telephone Number:					
SECTION I: UPDATING ACCOUNT									
In keeping with governmental regulations, the personal government regulators.	information on all accou	ints maintained at the C	redit Union <u>M</u>	<u>UST</u> be updated	every seven (7) years	, sooner or later as may be determined by			
SECTION J: CLOSING YOUR ACCOUNT									
A member may be expelled and his/her accounts close	d, if he/she acts in cont	ravention of the Co-ope	erative Societie	es Act and Regu	lations or Credit Union	n rules, acts in any way detrimental to the			
interests of the Credit Union, acts in contravention of le	gislation pertaining to de	eposit taking institutions	s, attempts to	defraud the Cred	dit Union or is convicte	ed of a criminal act.			

SECTION K: OBTAINING INFORMATION	DN		
I authorize the Credit Union to obtain addition	onal information from other sources as deemed necessary.		
1	the undersigned confirm t	hat I have read and understand what is written in th	nis document and also confirm that the
information provided herein is true and corr	ect. I authorize the CREDIT UNION to verify all information	n and to obtain from anyone any additional informati	on that may be required to process this
application. I hereby apply for membership	in the CREDIT UNION and agree to conform to the rules ar	nd amendments thereof and subscribe to the requirec	shares. It is my responsibility to inform
the CREDIT UNION of all changes as they a	affect my member account status.		
Herewith please find the sum of \$	being as follows:		
Permanent Shares: \$			
Voluntary Shares: \$			
Ordinary Deposit: \$			
Book of Rules: \$			
Identification Card: \$			
Other: \$			
Total: \$			
Signature of Applicant:		Witness to Signature of Applicant:	
Name of person Recommending Applican	t:		
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 members	ship and entered in the Minute Book at a Meeting of the Boa	rd of Directors held:	
MEMBER ACCOUNT NUMBER:			
President/Chairman or Designate:		Secretary or Designate:	
APPLICATION FORM		Access	$S P l u S^{m}$
Title:	Marital Status:	Sex: Male Female	
☐ Mr. ☐ Mrs. ☐ Miss ☐ Other:	☐ Divorced ☐ Widowed ☐ Single ☐ Married ☐ Separated	Date of Birth: (dd-mm-yyyy)	Staff/Volunteer
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:	1
		1	

Date:_

Signature of Applicant:

NOMINATION FORM (PURSUANT TO THE CO-OPERATIVE SOCIETIES ACT)

I						
Address:			Oca	cupation:		
person(s) (none of them b Sister, Nephew or Niece	named Credit Union, do here being an Officer or Servant o e of me, the Nominator) to o rwise in such proportions as	of the Credit Union or among whom sh	, unless such persc nall be transferred	on is the Husband, ' my property in t	Wife, Father, Mot	ther, Child, Brother
Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %
appointed must be eight	lowing person(s) as trustee(s) teen (18) years of age or olde	er).			T	T
			Date of Birth	ntil he or she attair Relationship	os the age of eight	teen (18) (a Trustee
appointed must be eight	teen (18) years of age or olde	Telephone	Date of Birth		T	T
appointed must be eight	teen (18) years of age or olde	Telephone	Date of Birth		T	T
appointed must be eight	teen (18) years of age or olde	Telephone	Date of Birth		T	T
Name	teen (18) years of age or olde	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %
Name Name IN WITNESS WHEREO	teen (18) years of age or olde Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %
Name Name IN WITNESS WHEREO Signature of Member Ma	Address F I have hereunto set my hai	Telephone Number nd this	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %
Name Name IN WITNESS WHEREO Signature of Member Ma 1. Signature of Witnes	Address F I have hereunto set my har	Telephone Number Ind this	Date of Birth (dd/mm/yyyy) day of	Relationship	Occupation	Proportion %
Name Name IN WITNESS WHEREO Signature of Member Ma 1. Signature of Witnes 2. Signature of Witnes	Address F I have hereunto set my haraking Nomination/Parent/C	Telephone Number Ind this	Date of Birth (dd/mm/yyyy) day of	Relationship	Occupation	Proportion %
Name Name IN WITNESS WHEREO Signature of Member Ma 1. Signature of Witnes 2. Signature of Witnes I declare that the presen	Address F I have hereunto set my har aking Nomination/Parent/C	Telephone Number Ind this	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %
Name Name IN WITNESS WHEREO Signature of Member Ma 1. Signature of Witnes 2. Signature of Witnes I declare that the presen	Address F I have hereunto set my har aking Nomination/Parent/C ss:t nomination was deposited	Telephone Number Ind this	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %

I ON IIVII		_ 031	- 0141															
ACCOUNT TYPES	ACCOUNT NUMBERS AVAILABLE BALANCES							ACCOUNT #										
01 CHEQUING					\$	\$			REASON	ATM LIMIT			POS LIMIT					
02 SAVINGS					\$													
03 EASI LOAN					\$	\$				ID TYPE	ID#							
04 SHARES					\$													
	6	0	1	4	9	4												
			'	+	9													
Prepared:									С	necked:						_		