

Account Type:			GRACE CO-OPERATIVE CREDIT UNION APPLICATION FORM							A	Application Date:			
Member Number: Name of Credit U			Union:	nion:						U	UPDATE DUE DATE:			
SECTION A: APPLICATION INFORMATION														
Title:	Marital S	Status:	us: Sex: Date of Birth: Place of Birth:				:			T.R.N.:				
First Name: Middle Name:					Surname: Maiden N				lame: Alias:					
Current Home Address:				Mailin	Mailing Address: Pr					Previous /	Previous Address:			
Residential Status:				Time a	Time at this Address:						Nationality:			
Home Phone:				Mobile	e Pho	one:					Work Pho	ne:		
Fax Number:				Email:										
SECTION B: APPLICAN	NT'S IDEN	TIFICA	FION INFO	MATION	(FOR	CHILD?	BO	TH SECTI	ONS	S MUST BE		ED)		
Identification Type:				ID Nur	nber	:					Expiry Date:			
CHILD APPLICAN	Г:													
Identification Type:				ID Nur	nber	:					Expiry Da	te:		
SECTION C: EMPLOYMENT STATUS & OTHER INFORMATION														
Occupation/Job Title: Employment Status:														
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:			Teleph	Telephone Number:				Employed/Attending School Since:						
Employer/Business/S	chool Ad	dress:									I			
Source of Funds: Annual Salar			ary/Incon	ry/Income: Currency: (for Income Re				ceived): Expected Deposit Amount:		sit Amount:				
SECTION D: NEXT OF KIN														
Title:	ſ	Marita	Status:		Se	ex:			Date of Birth:			T.R.N.:		
First Name:	First Name: Middle Nam		me:	e:			Surname:		Maid		den Name:			
Current Home Address:			Nation	Nationality:				Relation to Applicant:						
Home Phone:				Mobile	Mobile Phone:						Work Phone:			
Fax Number:				Email:	Email:									
Occupation/Job Title:					Form of Employmen				t:					
Name of Employer/Business:			Emplo	Employed Since:				Employer/Business Address:						
Is the spouse/parent	Is the spouse/parent/guardian/next of kin expected to make lodgements to this account? Actual Yearly Salary/Income:													
Source of funds:														



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:		Surna	ame:		
Current Home Address:		Nationa	lity:			Type of Refe	rence:	:		
					How long have you known the applicant:					
Home Phone:		Mobile F	Phone:		Work Phone:	:				
Fax Number:		Email:								
Occupation/Job Title:		Name of	f Employer/Business	;:		Employer/Business Address:				
REFERENCE 2	Title:	First Name:		Middle	Name:	Surname:				
Current Home Address:		National	lity:			Type of Reference:				
							How long have you known the applicant:			
Home Phone:		Mobile F	Phone:		<u> </u>	Work Phone:				
Fax Number:		Email:								
Occupation/Job Title:		Name of	Name of Employer/Business:				Employer/Business Address:			
SECTION H: CITIZEN INFORMA	ATION									
Are you a citizen of the United States of America?	States of er?	United States of America? of Ame			erica Resident?		Other country apart from Jamaica and the United States:			
US Address: United States		US Tax				payer Number: US Telephone Numb				
SECTION I: UPDATING ACCOUNT										
In keeping with the governm updated every seven (7) ye	nental regulations	, the perso er as may l	nal information on be determined by c	all acco jovernm	unts me ent regu	ntioned at the ulators.	e Creo	dit Union MUST be		
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.										
I hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform to the Rules and amendments thereof, and subscribe to a minimum of \$1,000.00 in Permanent Shares and a minimum of \$600 in Voluntary Shares at a nominal value of one (1) Jamaican dollar each. 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, Voluntee Staff Member Recommend Applicant:		Signature of Director, Volunteer or Staff Member Recommending Applicant:								



OR OFFICIAL USE ONLY: APPROVAL OF MEMBERSHIP						
This applicant was approved for member the Minute Book at the Meeting of the Bo held:						
MEMBER ACCOUNT NUMBER:						
President/Chairman or Designate:	Secretary or Designate:					

NOMINATION FORM (PURSUANT TO THE CO-OPERATIVE SOCIETIES ACT)								
Name of Credit Union:								
Member Num	ber:							
I								
Address:	ddress: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 %		
	pint the following person e appointed must be e			ed above until h	e or she attains the	age of eighteen		
Name	Name Address Telephone Number							
IN WITNESS WHEREOF I have hereunto set my hand thisday of20								
Signature of Member Making Nomination/Parent/Guardian:								
Address:								
Address:								
1. Signature of Witness:								
2. Signatur	e of Witness:							
I declare that the present nomination was deposited with the Credit Union on								
Signature of Secretary of Designate of the Credit Union:								