

Membership Application Form

Member Account No: _____ Branch: _____ Eligibility for Membership (Employee of/ Relative of): _____

Mr. Mrs. Ms. Surname _____ First Name _____

Middle Name _____ Maiden Name: _____ Alias _____ Previous Name _____

Date of Birth (dd/mm/yy): ____/____/____ Marital Status Married Single Divorced # of Dependents _____
Ages of each _____

Nationality: _____ Country of Citizenship: _____ Country of Residence: _____

Are you a citizen/permanent resident of any other country Yes No If yes, please state _____ Are you a Green Card Holder (USA): Yes No

Country where tax is paid: _____ TRN/TIN/SSN/SIN # _____ NIS # _____

Do you pay tax in any other country? Yes No If yes, please state _____ Any other TRN/TIN/SSN/SIN # _____

Form of Identification

National/Voters ID Passport Driver's Licence ID # _____ Issue Date (dd/mm/yyyy): ____/____/____

Other (Employer ID*/Natl Council for Aged/ Diplomatic ID: _____ Expiry Date (dd/mm/yyyy): ____/____/____

Home Address: _____ Own Rent Family Other

Mailing Address (if different from Home Address): _____ Months/years resident at location: _____

Previous Home Address: _____ Proof of Address provided: Utility Bill (last 3mths) Postmarked Envelope (6mths) Copy of Lease/Letter from Landlord

Home Tel: _____ Mobile # _____ Personal Email Address: _____

Surname of Spouse (if applicable) _____ First Name _____ Middle Name _____

Home Tel: _____ Mobile # _____ Address: _____

Next of Kin Last name: _____ First Name _____ Relationship _____

Opening Deposit _____ Source of Funds/Purpose of Account _____ Will this be your primary account: Yes No

Other financial institutions you use: Commercial Bank Building Society Investment Fund Other Credit Union

Anticipated number and value of monthly transactions _____

Which of the following comes closest to your monthly income? Under \$20,000 per month \$20,001 - \$30,000 per month

\$30,001 - \$50,000 per month \$50,001 - \$75,000 per month \$75,000 - \$100,000 per month Over \$100,000 per month

Highest level of education Primary Secondary Tertiary

PLACE OF EMPLOYMENT (NATURE OF BUSINESS)

Full Time

Part Time

Name of Employer _____

Self-Employed

Seasonal

Address of Employer _____ Occupation _____

Work Tel # _____ Fax # _____ Business Email Address: _____

POLITICALLY EXPOSED PERSONS

Do you or any family members (parents, sibling, children, spouse/common-law partner and/or in-laws presently hold or have ever held a prominent public function (whether in Jamaica or any foreign country) such as Head of State, head of Opposition, Political Party, Member of Parliament, Senior Member of the Judiciary, Head of the Military or Police Force, CEO of a Statutory Body/ Government Corporation or Agency? Yes No

If yes, please provide details _____

Are you a professional associate of any of the foregoing public officials? Yes No

If yes, please provide details _____

Name of Reference _____ Occupation: _____

Address of Reference _____ Relationship _____

Name of Reference _____ Occupation: _____

Address of Reference _____ Relationship _____

I hereby apply for membership in Community & Workers of Jamaica Co-operative Credit Union Limited and agree to conform to the RULES and amendments thereof and subscribe at least one thousand SHARES.

Signature of Applicant

Witness

Date

This application was approved in accordance with Articles 11 Rule 5 by the duly appointed Membership Application Officers as set out below:-

(1) Membership Application Officer

(2) Membership Application Officer

Name: _____ Name: _____

Signature: _____ Signature: _____

This application was ratified and entered in the Minute Book at a Meeting of the Board of Directors/Executive Committee held

DD / MM / YYYY