

DOCUMENTS REQUIRED TO APPLY FOR MEMBERSHIP

1. Official valid/current picture identification – any one of the following:

- Drivers License
- Elector Registration ID card (National ID)
- Passport

2. Tax Registration Number

3. Reference from any two of the following (Referees may complete the form attached):

- Directors/Volunteers of the Credit Union
- Staff of the Credit Union
- Members of the Credit Union in good standing
- Justice of the Peace (must bear embossed seal)
- Minister of Religion (must bear stamp)
- Employer
- Other prominent professionals who know applicant (e.g. Teacher, Doctors, Lawyers, Credit Union Managers, Civil Servants, etc.)

4. Verification of name and address (any one of the following is required)

- Current utility bill (not more than 3 months old) showing the applicant's name and place of residence.
- Postmarked envelope (not more than 3 months old) addressed to the applicant at the permanent address given.
- Current credit card statement (not more than 3 months old)
- Government property tax receipt (not more than one year old) duly stamped by the collectorate.

5. Job letter stating salary or last salary advice (monthly, fortnightly – 4, weekly – 8)

6. Minimum amount for opening \$2,600.00

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 _____

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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



NOMINATION FORM

(PURSUANT TO SECTION 18 OF "THE CO-OPERATIVE SOCIETIES' LAW, CAP. 75 OF THE REVISED LAWS OF JAMAICA")

Name of Society: COMMUNITY & WORKERS OF JAMAICA CO-OPERATIVE CREDIT UNION LIMITED

(State Full name) I, _____ Member's Account Number _____

Address _____ Occupation _____

As a member of the above-named Society, I do hereby Nominate the following as the only person or persons (none of them being an Officer or Servant of the Society, 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 Society, whether in Shares, Loans, Deposits, or otherwise at my decease in such proportions as is/are set forth below opposite their respective Names:

Name	Trustee (if minor)	Relationship	Occupation	Address, Telephone & Email	Proportion

Where the Nomination is not intended to comprise the whole of the member's property in the Society, the amount to be comprised in it is to be specified. Any previous nomination made by me is hereby cancelled.

As Witness to my hand, this _____ day of _____ 20____

Signature of Member making Nomination

1: _____
Signature of Witness

Address _____

2: _____
Signature of Witness

Address _____

I declare that the present nomination was deposited with the Society on _____ day of _____ 20____

Authorized Officer

CHARACTER REFERENCE FORM

Date: _____

Community & Workers of Jamaica Co-operative Credit Union Limited
51 Half-Way-Tree Road
Kingston 10.

Dear Sirs:

I declare that Mr./Mrs./Miss _____

whose permanent address is _____

and whose signature appears below has been personally known to me for the past
_____ years/months.

He/She is desirous of opening an account with your organization. To the best of my knowledge, information and belief, he/she is of good character and in all respects a fit and proper person to conduct business with your organization.

I also recommend that the name and permanent address stated above are to the best of my knowledge true and correct.

Yours truly,

(Referee's Signature)

(Applicant's Signature)

Name of Referee: _____

Address: _____

Occupation: _____

Telephone #: _____

Place Stamp or Seal of Office here

☐ Director/Volunteer of the Credit Union

☐ Staff of the Credit Union

☐ Member of the Credit Union

☐ Justice of the Peace

☐ Minister of Religion

☐ Employer

☐ Other prominent professionals (eg. Teacher, Doctors, Lawyers, Credit Union Managers, Civil Servants, etc.)

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Head Office: 51 Half-Way-Tree Road, Kingston 10
* Tel: 936-3800 * Fax: (876) 929-8118 * Email: info@cwjcu.com * Website: www.cwjcu.com

SALARY DEDUCTION AUTHORIZATION FORM

TO: _____
EMPLOYER NAME

Effective _____ please deduct from salary/wages the sum of
DATE

_____ (\$ _____) on a

weekly/fortnightly/monthly basis and forward to **C&WJ CO-OPERATIVE CREDIT**

UNION LTD. This authorization can only be revoked with the agreement of the said
C&WJ Co-operative Credit Union Limited.

Employee Name: _____ Account #: _____
PRINT

Employee Signature: _____ Date: _____

Credit Union Officer: _____

TO: C&WJ CO-OPERATIVE CREDIT UNION LIMITED

We, _____ hereby agree to effect the
EMPLOYER NAME

above salary deduction starting _____ and remit same to C&WJ
DATE

Co-operative Credit Union Ltd. This authorization can only be revoked with the agreement
of the said C&WJ Co-operative Credit Union Ltd.

Employer's Representative Name: _____
PRINT

Employer's Representative Signature: _____

Date: _____ Employee # _____

Please Note: This form should be done in duplicate and the original returned to the Credit Union.