

PALISADOES CO-OPERATIVE CREDIT UNION LTD

S.M.A.R.T. PAC SAVINGS PROGRAMME

APPLICATION FOR MEMBERSHIP FORM

A/C#	Date Admitted dd-mm-yyyy)	Co. Code	Br. Code HO ___ CC ___ MB ___ RB ___	UPDATE DUE DATE (dd-mm-yyyy)
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PERSONAL INFORMATION

First Name		Middle Name(s)		Last Name	
Gender: Male ___ Female ___		Birth Date: (dd-mm-yyyy)		Taxpayer Registration No. (TRN)	
Present Home Address (Street)		City/Town/District		Parish	
				Country of Residence	
Place of Birth		Nationality		Milestone/Directions (if applicable)	
				Email	
Mailing Address (If different from above address)		City/Town/District		P.O. Box/Postal Zone/Zip Code	
Parish		Country		Tel # Home	
				Tel # Mobile	
Purpose for Opening of Account:					
Savings ___ Loan ___ Credit Union Membership ___ Other ___ Specify					
Source of Funding					

APPLICANT'S IDENTIFICATION INFORMATION

Passport _____ Expiry Date _____ Birth Certificate and certified Photo/School ID ID # _____ Expiry Date _____	Are you a: US Citizen Yes ___ No ___ US Green Card Holder Yes ___ No ___ US National (Born in the United States) Yes ___ No ___ If yes, please provide Taxpayer Identification Number (TIN) and type
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SCHOOL/NURSERY INFORMATION

Name of School/Nursery		Telephone#		Attending School/Nursery Since dd mm yyyy	
Address of School/Nursery		City/Town/District		P.O. Box/Postal Zone/Zip Code	
Parish		Country		Are you related to an employee, or the relative of a volunteer of the Credit Union? Yes ___ No ___	
Are you immediately related to, or closely associated with any senior government official, senior civil servant, politician, senior police or army officer? Yes ___ No ___				If yes, please name:	
If yes explain.....				Relation:	

FOR PARENT/GUARDIAN INFORMATION

Title Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other ___		Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Separated ___		Gender: Male ___ Female ___	
				Birth Date: (dd-mm-yyyy)/...../.....	
				Taxpayer Registration No. (TRN)	
First Name		Middle Name		Last Name	
				Maiden Name	
				Alias	
Current Home Address (Street)		City/Town/District		Parish	
				Country	
				Nationality	
Name of Employer / Business/School				Tel # Home	
				Tel # Mobile	

