PALISADOES CO-OPERATIVE CREDIT UNION LTD S.M.A.R.T. PAC SAVINGS PROGRAMME

APPLICATION FOR MEMBERSHIP FORM

A/C#	Date Admitte dd-mm-yyyy)	co. Code	-	c. Code D CCMB RB		UPDATE DUE DATE (dd-mm-yyyy)			
PERSONAL INFORM	ATION								
First Name		e Name(s)	D45 P4	Last Name					
Gender: Male Fema	-			Taxpayer Registration No. (TRN)					
Present Home Address (Stre	own/Distric		Parish Country of Residence						
Place of Birth Nationality		ty	Milestone/Directi		(if applicable)	Email	Email		
Mailing Address (If different from above address			City/To	wn/District	- ar une	P.O. Box/Postal Zone/Zip Code			
Parish Country			Tel # Home			Tel # Mobile			
Purpose for Opening of Acc	ount:								
Savings Loan Source of Funding	Credit	Union Members	ship	Other	Sp	ecify			
APPLICANT'S IDEN	TIFICATION IN	FORMATIO	N			2011	Autorial market and		
Passport Expiry Date				Are you a: US Citizen Yes No US Green Card Holder Yes No					
Birth Certificate and certified Photo/School ID					US National (Born in the United States) If yes, please provide Taxpayer Identification Number (TIN) and type				
ID#	. Expiry Date	lette rese		37538 A V par n					
SCHOOL/NURSERY	INFORMATIO	N							
Name of School/Nursery		Telephone#		Attendir	Attending School/Nursery Since				
Address of School/Nursery				City/Town/Dis	trict	dd P.O. Box	mmyyyy /Postal Zone/Zip Code		
Parish	Country Are you					related to an employee, or the relative of a volunteer of the Credit			
Are you immediately relate	d to, or closely ass	ociated with		Union? Yes	No				
any senior government off	ervant, politician	If yes, please	name:						
police or army officer? Yes	No								
If yes explain			••••	Relation:					
FOR PARENT/GUAR	DIAN INFORM	MATION	*				Listinger		
Title Mr Mrs Ms	Marital Status: Single N	larried D	Divorced	Ge	nder: Male_ Fe	emale			
Dr Other	Separated		th Date: (dd-mm-yy)		Registration No. (TRN)				
First Name Middle Name Last Name					iden Name	Alias			
Current Home Address (Street	Parish	Co	untry	Nationality	1				
Name of Employer / Business		Tel	I # Home	Tel # Mobi	ile				

Occupation/Job Title (The term	an/manager" are	Tel # Work Email					
Employer / Business/School A		City/Town/District					
		D. deb			I Company		
P.O. Box/Postal Zone/Zip Code Parish		Parisn			Country		
VERIFICATION OF A	DDRESS BEAL	RING THE A	APPLICANT'S	(PARENT/G	UARDIAN) NAME		
	bill in the name of the						
Recent corresponder	ice (within the last (3)	months) in the ap	oplicant's Parent / G	uardian name and	bearing the same address	(from government, financial institution	
or place of employment)	DEGLADATION	LOE IDENT	TIELO A TION				
	DECLARATION OF IDEN						
PRINCIPAL / TEACHER	First Name		Middle Name		Last Nam		
MINISTER OF RELIGION	First Name		Middle Name		Last Nam	e	
JUSTICE OF THE PEACE	First Name		Middle Name		Last Nam	e	
FOR OFFICIAL USE ONLY	DECLARATION VE	RIFIED Yes	No	No			
UPDATING ACCOUNT	T				-		
In keeping with governmental re	gulations, the personal i	nformation on all a	accounts maintained	at PALISADOES CO	O-OP CREDIT UNION LTD	must be updated every seven (7)	
years, or as deemed necessar	y.						
CLOSING YOUR AC	COUNT						
A member may be expelled an	d his/her account closed	l, if he/she acts in	contravention of the 0	Co-operatives Socie	ties Act and Regulations or t	he rules of Palisadoes Co-op	
Credit Union Ltd, If he/she acts i	n any way detrimental	to the interests of	the Credit Union, acts	in contravention of	legislation pertaining to dep	posit taking institutions, attempts to	
defraud the Credit Union or is co							
OBTAINING INFORM	MATION			HUTAI	DUTE TOTAL		
	rovided herein is true ation that may be requi ales and amendments	and correct. I aut	thorise PALISADOES	S CO-OP CREDIT L eby apply for mem	INION LTD to verify all info	ten in this document and also ormation and to obtain from ES CO-OP CREDIT UNION LTD Credit Union of all changes as	
Signature of Applicant	Date		Witness to S	Signature of Applic	ant	Date	
Name of Person Recommendi	ng Applicant:			***			
Herewith please find the sum			s follows:				
Shares:							
Deposit:							
Entrance Fees							
Total							
FOR OFFICAL LISE ONLY	ADDODOVAL OF MEMO	PEDOUID					
FOR OFFICAL USE ONLY AF	PROROVAL OF MEME	DERONIP					
This application was approve	d for membership and	entered into the	Minutes Book at a m	eeting of the Boar	d of Directors held on		
President or Designate			Secretary or D	esignate		photocom Burguine Times	