

PALISADOES CO-OPERATIVE CREDIT UNION LTD

MEMBERSHIP APPLICATION FORM - ADULT

A/C#	Date Admitted (dd-mm-yyyy)	Co. Code	Br. Code HO ___ CC ___ MB ___ RB ___	UPDATE DUE DATE (dd-mm-yyyy)
PERSONAL INFORMATION				
Title: Mr. ___ Mrs. ___ Miss. ___ Dr. ___ Other ___		Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Separated ___		Gender: Male ___ Female ___
First Name		Middle Name(s)		Last Name
Maiden Name (if applicable)		Birth Date: (dd-mm-yyyy)/...../.....		Taxpayer Registration No. (TRN)
Alias		Previous Name(s)		Residential Status: Own ___ Rent ___ Other ___
Present Home Address (Street)			City/Town/District	Parish
				Country of Residence
Place of Birth		Nationality	Milestone/Directions (if applicable)	Email Address
Mailing Address (If different from above address)			City/Town/District	P.O. Box/Postal Zone/Zip Code
Parish		Country	Tel # Home	Tel # Work
Previous Home Address (Street)			City/Town/District	Tel # Mobile (1)
Parish/ Postal Zone/Zip Code			Country	Tel # Mobile (2)
Purpose for Opening of Account: Savings ___ Loan ___ Credit Union Membership ___ Other ___ Specify				
Source of Funding				
APPLICANT'S IDENTIFICATION INFORMATION				
Drivers Licence # _____ Expiry Date _____ Passport # _____ Expiry Date _____ National 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		
EMPLOYMENT / SCHOOL INFORMATION				
Occupation / Job Title (The term 'Businessman/Businesswoman/Manager' are not acceptable)			Full-time ___ Part-time ___ Contract ___ Unemployed ___ Seasonal ___ Student ___ Retired ___ Self Employed (State nature of business) ___	
Name of Employer/Business/School			Telephone#	Employed/Attending School Since dd..... mm..... yyyy
Employer/Business/School Address			Source of Funds	Annual Salary/Income (\$)
City/Town/District	P.O. Box/Postal Zone/Zip Code		Parish	Country
Do you hold a prominent public position such as senior government official, senior civil servant, politician, senior police or army officer? Yes ___ No ___ Position held: _____				
Are you immediately related to, or closely associated with any person in any of the above-mentioned positions? Yes ___ No ___ If yes explain.....			Are you related to an employee, or the relative of volunteer of the Credit Union? Yes ___ No ___ If yes, please name:..... Relation:.....	
FAMILY INFORMATION- SPOUSE (Married / Common-law)				

Title: Mr. ___ Mrs. ___ Miss. ___ Dr. ___ Other ___			Gender: Male ___ Female ___		PCCUL Member (If applicable)
First Name Middle Name Last Name			Birth Date: (dd-mm-yyyy)/...../.....		Taxpayer Registration No. (TRN)
Current Home Address (Street)			Tel # Home		Tel # Work
City/Town/District		P.O. Box/Postal Zone/Zip Code		Tel # Mobile (1) Tel # Mobile (2)	
Parish		Country		Nationality	
Employment Status: Full time ___ Part time ___ Self Employed ___ Retired ___ Seasonal ___ Contract ___ Student ___ Unemployed ___			Employed Since (dd/mm/yyyy)		Occupation
(For self-employed the terms businessman/businesswoman are not acceptable)					
Name of Employer / Business			Nature of Business if self-employed		
Address of Employer / Business			City/Town/District		P.O. Box/Postal Zone/Zip Code
Parish		Country		Annual salary/Income (\$)	
Is your spouse expected to make lodgments to this account? Yes ___ No ___ If yes, what is the Source of Funds? _____					
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					
Title: Mr. ___ Mrs. ___ Miss. ___ Dr. ___ Other ___		Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Separated ___		Gender: Male ___ Female ___	
First Name Middle Name Last Name		Maiden Name		Alias	
Current Home Address (Street)		City/Town/District		Parish	
Name of Employer / Business/School			Tel # Home		Tel # Mobile
Occupation/Job Title (The terms businessman/woman/manager" are not acceptable)			Tel # Work		Email
Employer / Business/School Address (Street)			City/Town/District		
P.O. Box/Postal Zone/Zip Code		Parish		Country	
VERIFICATION OF ADDRESS BEARING THE APPLICANT'S NAME					
_____ Recent original utility bill in the name of the applicant <u>or</u> _____ Recent correspondence (within the last (3) months) in the applicant's name and bearing the same address (from government, financial institution or place of employment)					
INFORMATION FOR REFERENCE(S)					
REFERENCE 1	First Name		Middle Name		Last Name
REFERENCE 2	First Name		Middle Name		Last Name
FOR OFFICIAL USE ONLY					
REFERENCE VERIFIED # 1 Yes ___ No ___ # 2 Yes ___ No ___					
UPDATING ACCOUNT					
In keeping with governmental regulations, the personal information on all accounts maintained at PALISADOES CO-OP CREDIT UNION LTD <u>must</u> be updated every seven (7) years, or as deemed necessary.					
CLOSING YOUR ACCOUNT					

A member may be expelled and his/her account closed, if he/she acts in contravention of the Co-operatives Societies Act and Regulations or the rules of Palisadoes Co-op Credit Union Ltd, if he / she 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.

OBTAINING INFORMATION

I _____ authorise **PALISADOES CO-OP CREDIT UNION LTD** to obtain additional information from other sources as deemed necessary.

I _____ the undersigned confirm that I have read and understand what is written in this document and also confirm that the information provided herein is true and correct. I authorise PALISADOES CO-OP CREDIT UNION LTD to verify all information and to obtain from anyone any additional information that may be required to process this application. I hereby apply for membership in the PALISADOES CO-OP CREDIT UNION LTD and agree to conform to the rules and amendments thereof and subscribe to the required shares. It is my responsibility to inform the Credit Union of all changes as they affect my member account status.

.....
Signature of Applicant

.....
Date

.....
Witness to Signature of Applicant

.....
Date

Name of Person Recommending Applicant:

Herewith please find the sum of \$ _____ being as follows:

Shares: _____

Deposit: _____

Fixed Deposit: _____

Entrance Fees _____

Total _____

FOR OFFICIAL USE ONLY APPROVAL OF MEMEBERSHIP

This application was approved for membership and entered into the Minutes Book at a meeting of the Board of Directors held on

President or Designate.....

Secretary or Designate.....

APPLICATION FORM

ACCESS PLUS

Title Mr._ Mrs._ Miss._ Dr._ Other_	Marital Status: Single___ Married___ Divorced___ Widowed___ Separated___	Gender: Male_ Female_	Staff/Volunteer
		Birth Date: (dd-mm-yyyy)/...../.....	Yes___ No___
First Name	Middle Name(s)	Last Name	Maiden Name
Current Home Address (Street)		Tel # Home	Tel # Work
City/Town/District	P.O. Box/Postal Zone/Zip Code	Tel # Mobile (1)	Tel # Mobile (2)
Parish:	Country:	Email:	
Signature of Applicant		Date	

NOMINATION FORM

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

Name of the Society: **PALISADOES CO-OPERATIVE CREDIT UNION LTD.** Member's Number.....
 I.....

Address..... Occupation.....

A member of the above-named Society, 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, 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 set forth below opposite their respective names:

Name	Address	Occupation	Relationship	Telephone #	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 Credit Union on.....

Signature of Secretary or Designate of the Credit Union.....

FOR INTERNAL USE ONLY				ACCESS PLUS																				
ACCOUNT TYPES	ACCOUNT NUMBERS	AVAILABLE BALANCES	ACCOUNT #.....																					
01 CHEQUING		\$	REASON	ATM LIMIT	POS LIMIT																			
02 SAVING		\$																						
03 EASI LOAN		\$	ID TYPE	ID #																				
04 SHARES		\$																						
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Prepared:					Checked:.....																			