

NOMINATION FORM
(PURSUANT TO THE CO-OPERATIVE SOCIETIES ACT)

Name of Credit Union:.....

Member Number:.....

I.....

Address:..... Occupation:.....

A member of the above-named Credit Union, do hereby revoke any previous nomination made by me and do hereby Nominate the following person(s) (none of them being an Officer or Servant of the Credit Union, 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 Credit Union, whether in shares, Loans, Deposits or otherwise in such proportions as is set forth below opposite their respective names.

Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %

I, further appoint the following person(s) as trustee(s) for the minor(s) nominated above until he or she attains the age of eighteen (18) (A Trustee appointed must be eighteen (18) years of age of older).

Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %

IN WITNESS WHEREOF I have hereunto set my hand thisday of.....20.....

Signature of Member Nomination/Parent/Guardian:.....

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:.....

POSTAL CO-OPERATIVE CREDIT UNION LTD.

☐ Adult

☐ Child

MEMBERSHIP APPLICATION FORM

Date: (dd-mm-yy)

Member Number:

SECTION A: APPLICANT INFORMATION

Title:

☐ Mr. ☐ Mrs. ☐ Miss ☐ Other:

Marital Status:

☐ Divorced ☐ Widowed ☐ Single
☐ Married ☐ Separated

Sex:

☐ Male: ☐ Female:

Date of Birth: (dd/mm/yy)

T.R.N.:

First Name:Middle Name:Surname Name:

Maiden Name:Alias:

Present Home Address: (Street)

City/Town /District/P.O. Box/Postal Zone/Zip Code:

Parish/Milestone/Direrctions: (if applicable)

Country:

Place of Birth:

Nationality:

Mailing Address: (If different form above address)

Telephone Number: (Home)Telephone Number: (Cell)

City/Town/District:

P.O. Box/Postal Zone/Zip Code:

Telephone Number: (Fax)Email:

Parish:

Country:

Residential Status:☐ Own☐ RentTime at this Address:

Previous Home Address: (Street)

City/Town/District:

Number of Dependent(s):

P.O. Box/Postal Zone/Zip Code:

Country:

SECTION B: EMPLOYMENT STATUS & OTHER INFORMATION

Occupation/Job Title: (the terms"business man/woman - manager" are not acceptable)

☐ Full-time ☐ Contract ☐ Student ☐ Self Employed: (state nature of business)☐ Unemployed
☐ Part-time☐ Seasonal ☐ Retired

Are you entrusted with a prominent public position such as senior government official, senior civil servant, politician, or military?

☐ Yes ☐ No

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, relative or volunteer of the Credit Union? ☐ Yes ☐ No
If yes, please name:
Relation:

Name of Employer/Business/School:

Telephone Number: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:

Expected Deposit Amount:
☐ Annually: ☐ Monthly:
☐ Fortnightly: ☐ Weekly:

Parish:

Country:

Currency: (for Income Received)

SECTION C: FAMILY INFORMATION

☐ SPOUSE: (Re: Adult)

Title:

☐ Mr. ☐ Mrs. ☐ Miss ☐ Other:

Marital Status:

☐ Divorced ☐ Widowed ☐ Single
☐ Married ☐ Separated

Sex:

☐ Male ☐ Female

Date of Birth: (dd/mm/yyyy)

T.R.N.:

First Name:Middle Name:Surname Name:

Maiden Name:

Present Home Address: (Street)

Telephone Number: (Home)Telephone Number: (Cell)

City/Town/District:

P.O. Box/Postal Zone/Zip Code:

Telephone Number: (Work)Telephone Number: (Fax)

Parish:

Country:

Nationality:

Email:

Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)

☐ Full-time ☐ Contract ☐ Student ☐ Self Employed: (state nature of business) ☐ Unemployed
☐ Part-time ☐ Seasonal ☐ Retired

Name of Employer/Business:

Employed Since: (dd-mm-yyyy)

Address of Employer/Business:

Is the spouse/parent/guardian expected to make lodgements to this account?
☐ Yes ☐ No

City/Town/District:

P.O. Box/Postal Zone/Zip Code:

If yes, what is the Source of Funds?

Parish:

Country:

Actual Yearly Salary/Income:

Actual Yearly Salary/Income:

SECTION D: HOW ELSE CAN WE CONTACT YOU (Nearest Relative NOT Living with you)										
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____			Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated			Sex: <input type="checkbox"/> Male: <input type="checkbox"/> Female: Date of Birth: (dd/mm/yy) T.R.N.:				
First Name:			Middle Name:			Surname Name:		Maiden Name:		Alias:
Present Home Address: (Street)			City/Town/District:			Parish:				
Country:			Nationality:			Relation to Applicant:				
Name of Employer/Business/School:						Telephone Number: (Home)		Telephone Number: (Cell)		
Occupation/Job Title: (the terms"business man/woman - manager" are not acceptable)						Telephone Number: (work)		Email:		
Employer/Business/School Address: (Street)								City/Town/District:		
P.O. Box/Postal Zone/zip Code:			Parish:			Country:				
SECTION E: VERIFICATION OF ADDRESS										
<input type="checkbox"/> Recent original utility bill in the name of the applicant OR <input type="checkbox"/> Recent correspondence (within the last three (3) months in the applicant's name and bearing the same address (from government, financial institution or place of employment)										
SECTION F: INFORMATION FOR REFERENCE(S) Reference(s) will be contacted										
Acceptable References include: <input type="checkbox"/> Credit Union Board/Committee Member <input type="checkbox"/> Credit Union Employee at supervisory level, employed for more than one(1) year <input type="checkbox"/> JP/Notary Public <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Police Officer (Rank of Inspector or Higher) <input type="checkbox"/> Credit Union Member for more than two (2) years and in good standing <input type="checkbox"/> Attorney-at-law <input type="checkbox"/> Principal <input type="checkbox"/> Manager of another Financial Institution where the applicant has in good standing (letter must state same) <input type="checkbox"/> Minister of Religion <input type="checkbox"/> Employer(HR Manager or Higher)										
FOR OFFICIAL USE ONLY:			<input type="checkbox"/> REFERENCES VERIFIED							
REFERENCE 1	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____			First Name:		Middle Name:		Surname Name:		
Present Home Address: (Street)				City/Town/District:			Parish:			
Country:			Nationality:			Type of Reference:				
Name of Employer/Business:						Telephone Number: (Home)		Telephone Number: (Cell)		
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)						Telephone Number: (work)		Email:		
Employer/Business Address: (Street)								City/Town/District:		
P.O. Box/Postal Zone/Zip Code:			Parish:			Country:				
REFERENCE 2	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____			First Name:		Middle Name:		Surname Name:		
Present Home Address: (Street)				City/Town/District:			Parish:			
Country:			Nationality:			Type of Reference:				
Name of Employer/Business:						Telephone Number: (Home)		Telephone Number: (Cell)		
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)						Telephone Number: (work)		Email:		
Employer/Business Address: (Street)								City/Town/District:		
P.O. Box/Postal Zone/Zip Code:			Parish:			Country:				
SECTION G: CITIZEN INFORMATION										
<input type="checkbox"/> Are you a citizen of the United States of America			<input type="checkbox"/> Are you a United States of America Green Cards holder			<input type="checkbox"/> Were you born in the United States of America				
US Address: (Street)										
City/Town/District			P.O. Box/Postal Zone/Zip Code:			US Telephone Number:				
SECTION H: UPDATING ACCOUNT										
In Keeping with government regulations, the personal information on all accounts maintained at the Credit Union MUST be updated every five (5) years, sooner or later as may be determined by government regulations.										
SECTION I: CLOSING YOUR ACCOUNT										
A member may be expelled and his/her accounts closed, if he/she acts in contravention of the Co-operative Societies Act regulations or Credit Union rules, 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.										
FOR OFFICIAL USE ONLY:										

SECTION J: OBTAINING INFORMATION	
I authorize the Credit Union 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 authorize the CREDIT UNION 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 CREDIT UNION 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: _____ Witness to Signature of Applicant: _____	
Name of person Recommending Applicant: _____	
Name of Parent/Guardian: (Child) _____ Signature of Parent/Guardian: (Child) _____	
Name of Director, Volunteer or Staff member Recommending Applicant: _____ Signature of Director, Volunteer of Staff member Recommending Applicant: _____	
This applicant was approved and entered in the Minute Book at a Meeting of the Board of Directors held: _____	
President or Designate: _____ Secretary Designate: _____	
Herewith please find the sum of \$ _____ being as follows:	
Permanent Shares	\$ _____
Voluntary Shares:	\$ _____
Entrance Fee:	\$ _____
Book of Rules:	\$ _____
Identification Card:	\$ _____
Total:	\$ _____