

KINGSTOWN CO-OPERATIVE CREDIT UNION LTD

BUSINESS APPLICATION FORM

I the undersigned hereby make application for membership in the Kingstown Co-operative Credit Union Ltd. I further agree to comply with the Bye Laws, the Co-operative Societies Act, and any other Acts or Regulations that are applicable

All amounts must be stated in Eastern Caribbean Dollars (ECS)

NAME OF BUSINESS:

ADDRESS : PERMANENT POSTAL

NATURE OF BUSINESS: BUSINESS START DATE: DD MM YYYY

OWNER DRAWINGS (MONTHLY)EC\$ YOUR POSITION: ANNUAL REVENUE EC\$

BUSINESS INCORPORATED: Yes No

EXPECTED VALUE OF BUSINESS MONTHLY: WITHDRAWALS \$ DEPOSITS \$

FIXED TEL # CELL # EMAIL

2. OWNER (APPLICANT)

NAME OF BUSINESS OWNER:

PASSPORT #: ID CARD #: DRIVER'S LICENSE #:

GENDER: Male Female MARITAL STATUS: Married Single Divorced Widowed Separated

FIXED TEL # CELL # EMAIL

CONTACT NAME: CONTACT RELATIONSHIP:

CONTACT ADDRESS: CONTACT TEL. #: CELL#: CONTACT CELL#:

EMPLOYER: LENGTH OF EMPLOYMENT (YEARS):

OCCUPATION: EMPLOYER TEL. #:

SHARE/DEPOSIT METHOD: DIRECT DEDUCTION COUNTER REMITTANCE

MONTHLY SALARY (GROSS): 500 – 1500 1501 – 2500 2501 – 3500 3501 - 5000 > 5000

3. SIGNATORY

Name	Date of Birth	Address	Telephone #	Signature

4. NOMINEE

In accordance with section 105 of the Co-operative Societies Act 12 of 2012, the Byelaws and any other relevant regulations. I hereby nominate the following person (or persons) to whom or to whose credit the share or interest or the value of such share or interest held by me in the said society shall in the event of my death be paid or transferred (in the proportions respectively shown hereunder).

Name	Date of Birth	Address	Telephone #	Proportion %

5. PAYMENT

Required: DEPOSIT ACCOUNT: \$25.00

Optional: Christmas Savings \$ Vacation Savings \$ Fixed Deposit \$

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6. CREDIT UNION MEMBERSHIP

Do you have a business account with any other Credit Union in SVG? Yes No

If yes, please specify name (s)

Did you previously have a business account with KCCU? Yes No

If yes, give full name used at that time FIRST OTHER SURNAME

6. OPERATION RESIDENCE

Own home Rent Other (Specify)

7. DECLARATION

I Owner of hereby declare that the information provided to the Kingstown Co-operative Credit Union Ltd. on the day of 20 is true and correct. I further agree to the terms and conditions hereof.

MEMBERS' SIGNATURE DATE

ATTESTING WITNESS DATE

ATTESTING WITNESS DATE

Documents Required (Minimum)

- Two (2) pieces of identification (National Identification, Passport or Driver's License)
- Utility Bill (Proof of Address)
- Proof of Income
- Business Registration & Certificate
- Signatory Letter

DUE DILIGENCE CHECK LIST

Required documents attached PEP form completed Sanctions List checked All necessary signatures affixed

FOR OFFICIAL USE ONLY

Approved:

Secretary Applicant's Identification # President File # Date Account #

REGISTERED 1958