

KINGSTOWN CO-OPERATIVE CREDIT UNION LTD

MEMBERSHIP 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)

1. PERSONAL (APPLICANT)

NAME: FIRST OTHER SURNAME ALIAS

DATE OF BIRTH: DD MM YYYY COUNTRY OF BIRTH: COUNTRY OF CITIZENSHIP/RESIDENCY:

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

ADDRESS: PERMANENT POSTAL

FIXED TEL # () () () CELL # () () () EMAIL

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

CONTACT NAME: CONTACT RELATIONSHIP:

CONTACT ADDRESS: CONTACT TEL. #: () () () CONTACT CELL#: () () ()

2. EMPLOYMENT (APPLICANT)

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. SELF EMPLOYED APPLICANTS

NATURE OF BUSINESS: BUSINESS START DATE: DD MM YYYY

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

BUSINESS INCORPORATED: Yes No Name of Business:

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

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: Entrance fee \$5.00 Permanent Shares Account: A minimum of 20 shares at \$5.00 each

Optional: Redeemable shares \$ Deposit \$ Death Benefit \$ Medical Insurance \$

Christmas Savings \$ Vacation Savings \$ KCYC Plus \$

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.

Are you a member of any other Credit Union in SVG? Yes ☐ No ☐

If yes, please specify name (s)_____

Were you previously a member of KCCU? Yes ☐ No ☐

If yes, give full name used at that time _____

FIRST	OTHER	SURNAME

Yes ☐ No ☐

If yes, Date of bankruptcy filing:/...../..... Country_____

☐ Own home ☐ Rent ☐ Live with parents ☐ Other _____
(Specify)

☐ Human Resources ☐ Accounting/Audit ☐ Legal ☐ Medicine ☐ Finance ☐ Engineering
☐ Marketing/PR ☐ Manufacturing ☐ Agriculture/Fisheries ☐ Construction
☐ Hospitality ☐ Sports ☐ Other _____
(Specify)

☐ Primary ☐ Secondary/High School ☐ A Level ☐ College ☐ University ☐ Technical ☐ Professional ☐ Vocational
☐ Other _____
(Specify)

I _____ 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** _____

- Two (2) pieces of identification (National Identification, Passport or Driver's License)
- Utility Bill (Proof of Address)
- Recent Job letter

Approved:

Secretary _____

Applicant's Identification # _____

President _____

File # _____

Date _____

Account # _____