

# CREDIT UNION MEMBERSHIP APPLICATION FORM



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<b>FOR INTERNAL USE ONLY</b>	
Name of Credit Union JAMAICA POLICE COOP CREDIT UNION LIMITED	Branch
Account #	Date of Application

## ABOUT YOU

<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.	RANK	SURNAME	FIRST NAME	MIDDLE NAME (S)
	MAIDEN NAME	PREVIOUS NAME (IF APPLICABLE)	ALIAS	
DATE OF BIRTH (DD/MM/YY)	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		# OF DEPENDENTS AGE(S) OF EACH	
PLACE OF BIRTH	FORM OF IDENTIFICATION <input type="checkbox"/> VOTER'S ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> POLICE I.D <input type="checkbox"/> DRIVER'S LICENCE			IDENTIFICATION #
T. R. N. OF APPLICANT	EXPIRY DATE:			NATIONALITY
HOME ADDRESS			COUNTRY OF RESIDENCE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)				
PREVIOUS HOME ADDRESS				

HOME TELEPHONE #	WORK TELEPHONE #	CELLULAR TELEPHONE #
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EMAIL ADDRESS
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SURNAME OF SPOUSE (IF APPLICABLE)	FIRST NAME OF SPOUSE (IF APPLICABLE)	MIDDLE NAME (IF APPLICABLE)
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OPENING SHARE & DEPOSIT AMOUNT \$	ENTRANCE FEE \$	PURPOSE OF ACCOUNT
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DOLLAR VALUE OF ANTICIPATED MONTHLY DEPOSIT \$	SOURCE OF FUNDS
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WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR MONTHLY INCOME? <input type="checkbox"/> Under \$ 20,000 per month <input type="checkbox"/> \$75,001 - \$120,000 per month <input type="checkbox"/> \$20,000 - \$50,000 per month <input type="checkbox"/> \$120,001 - \$250,000 per month <input type="checkbox"/> \$50,001 - \$75,000 per month <input type="checkbox"/> Over \$250,000 per month	HIGHEST COMPLETED LEVEL OF EDUCATION: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> TERTIARY <input type="checkbox"/>
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## PLACE OF EMPLOYMENT OR NATURE OF BUSINESS

NAME OF EMPLOYER	OCCUPATION	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> SEASONAL
ADDRESS OF EMPLOYER		TELEPHONE #

## MEMBER REFERRING NEW APPLICANT

NAME	
ACCOUNT #	RELATIONSHIP

## CONTACT IN CASE OF NEED (Relative, close friend or associate NOT living with the applicant)

NAME	TELEPHONE #
ADDRESS	RELATIONSHIP

## APPLICANT'S DECLARATION

I agree to pay an entrance fee of one hundred dollars (\$100.00) and subscribe to a minimum of six thousand dollars (\$6,000.00) in permanent shares and five hundred dollars (\$500.00) in voluntary shares as stipulated by rule # 6.



\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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This application was approved and entered in the minute book at a meeting of the Board of Directors held on

PRESIDENT \_\_\_\_\_

SECRETARY \_\_\_\_\_

## NOMINATION FORM

(PURSUANT TO "THE CO-OPERATIVE SOCIETIES ACT")

Name of Society JAMAICA POLICE CO-OPERATIVE CREDIT UNION LTD.

Account Number \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Full Name) (Address)

Being \_\_\_\_\_ and a member of \_\_\_\_\_  
(Occupation) (Credit Union)

Hereby nominate the following as the only persons (none of them being an Officer or Servant of the Credit Union, unless such persons in 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 at my decease in such proportions as is set forth below opposite their respective Names:

NAME	AGE	RELATIONSHIP	ADDRESS	PROPORTION

Where the Nomination is not intended to comprise the whole of the member's property in the Credit Union, 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 \_\_\_\_\_

1. \_\_\_\_\_  
SIGNATURE OF MEMBER MAKING NOMINATION

\_\_\_\_\_  
ADDRESS

2. \_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
ADDRESS

3. \_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
ADDRESS