

CHOISEUL CO-OPERATIVE CREDIT UNION LIMITED

ACCOUNT #:

Individual Membership Application

NB: DUAL MEMBERSHIP CAN ONLY BE GRANTED WITH THE PRIOR APPROVAL OF YOUR ORIGINAL CREDIT UNION.			
Are you a member of another Credit Union in St. Lucia? See See See See See See See See See Se			
Personal Information: Two forms of valid picture identification required, e.g. National ID, Passport, Drivers Licence.			
□mr. □mrs. □ms.	MARITAL STATUS Single Married Divorced Widowed		
FIRST NAME:	MIDDLE NAME(S):		
LAST NAME(S):	ALIASES:		
MOTHER'S MAIDEN NAME (surname before marriage):			
DATE OF BIRTH (dd/mm/yyyy):	PLACE OF BIRTH:		
NATIONALITY:	COUNTRY OF RESIDENCE:		
NATIONAL ID #:	NATIONAL INSURANCE # (NIS):		
PASSPORT #	DRIVERS LICENCE#		
PERMANENT ADDRESS (street/avenue):	House/Apt. #:		
TOWN/PARISH:	COUNTRY:		
MAILING ADDRESS (If different from permanent address): Street/Avenue:			
Post Box #:	TOWN/PARISH:		
COUNTRY:			
HOW LONG AT CURRENT ADDRESS?	IF LESS THAN TWO YEARS/TIME AT PREVIOUS RESIDENCE:		
TELEPHONE #s (Home):	(Work): (cell phone):		
EMAIL ADDRESS:	FAX#:		
EMPLOYMENT/SCHOOL INFORMATION			
NAME OF DEMPLOYER DUNIVERSITY DSCHOOL/COLLEGE :			
IF SELF EMPLOYED, STATE BUSINESS NAME:			
EMPLOYMENT/BUSINESS ADDRESS:			
NATURE/TYPE OF BUSINESS:	OCCUPATION:		
EMPLOYMENT STATUS PERMANENT TEMPORARY SELF-EMPLOYED SEASONAL UN-EMPLOYED RETIRED STUDENT			

DECLARATION – I the undersigned declare that I am not a member of another Credit Union in St. Lucia or that, if I am, I have declared this fact as above-stated and permission has been granted by that other Credit Union for me to become a member of this Credit Union and I know of no circumstances which would prevent me from becoming such a member. The facts herein stated are true to the best of my knowledge, information and belief. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to or obtaining further information from any other financial or other institution. I agree to conform to the Bye-Laws of this Credit Union.

SIGNATURE OF APPLICANT:

DATE: (dd/mm/yyyy).....

APPOINTMENT OF NOMINEE/BENEFICIARY

In accordance with section 17 of the Co-operative Societies Act Chapter 82 Rule 8 of the Co-operative Societies Rules, made thereunder, and the Bye-Laws of the abovenamed society, we hereby nominate the following person(s) to whom or to whose credit the share or interest of 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).

BENEFICIARY #1 NAME:		RELATION:	
ADDRESS:		PERCENTAGE:	
TELEPHONES (HOME):	(WORK) :	(CELL):	
BENEFICIARY #2 NAME:		RELATION:	
ADDRESS:		PERCENTAGE:	
TELEPHONES (HOME):	(WORK) :	(CELL):	
SIGNATURE OF APPLICANT:		DATE: (dd/mm/yyyy)/	
NAME OF STAFF MEMBER OPENING ACCOUNT (please print):			
SIGNATURE OF STAFF MEMBER:		DATE: (dd/mm/yyyy)////	
SECRETARY NAME: (please print): DATE MEMBERSHIP APPROVED:			
SECRETARY SIGNATURE:		DATE: (<i>dd/mm/yyyy</i>)/////	
SUPERVISORY COMMITTEE:		DATE: (dd/mm/yyyy)/	
□entrance fee \$5.00	□BYE-LAW \$5.00	Праss воок \$5.00	