



UWI (MONA) & COMMUNITY CO-OPERATIVE CREDIT UNION LIMITED

CREDIT UNION MEMBERSHIP APPLICATION FORM

FOR INTERNAL USE ONLY	
Branch/ Transit	HEAD OFFICE <input type="checkbox"/> UTECH <input type="checkbox"/>
Membership Number:	Date of Application:

A: MANDATORY CHECKLIST
<ul style="list-style-type: none"> • Membership Application Form • Signature card • Valid Identification (National ID, Passport, Driver's License) • Taxpayer Registration Number (TRN) • Name & Address of References • Proof of Address (Utility Bills or Credit Card Statement) • Copy of Product Profile

B: ABOUT YOU				
SURNAME	FIRST NAME	MIDDLE NAME(S)	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	
MAIDEN NAME	PREVIOUS NAME (IF CHANGED)	ALIAS		
DATE OF BIRTH (DD/MM/YY) / /	STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	# OF DEPENDENTS	# OF CHILDREN	# OF MINORS
T.R.N. OF APPLICANT	TYPE OF IDENTIFICATION <input type="checkbox"/> VOTER'S ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE	IDENTIFICATION #	ID EXPIRY DATE (DD/MM/YY) / /	
PLACE OF BIRTH	COUNTRY OF RESIDENCE	NATIONALITY		
CURRENT HOME ADDRESS				<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER
PREVIOUS HOME ADDRESS				<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)				
EMAIL ADDRESS (WORK)		EMAIL ADDRESS (HOME)		
HOME TELEPHONE #	WORK TELEPHONE #	MOBILE TELEPHONE #	FAX TELEPHONE #	
SURNAME OF SPOUSE	FIRST NAME OF SPOUSE	MIDDLE NAME OF SPOUSE		
WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR MONTHLY INCOME?		HIGHEST COMPLETED LEVEL OF EDUCATION		
<input type="checkbox"/> Under \$5,000 per month <input type="checkbox"/> \$30,001 - \$50,000 per month <input type="checkbox"/> \$5,001 - \$10,000 per month <input type="checkbox"/> \$50,001 - \$75,000 per month <input type="checkbox"/> \$10,001 - \$20,000 per month <input type="checkbox"/> \$75,001 - \$100,000 per month <input type="checkbox"/> \$20,001 - \$30,000 per month <input type="checkbox"/> Over \$100,000 per month		<input type="checkbox"/> Incomplete Elementary/Primary <input type="checkbox"/> Complete High School <input type="checkbox"/> Complete Elementary/Primary <input type="checkbox"/> Incomplete Tertiary/University <input type="checkbox"/> Incomplete High School <input type="checkbox"/> Complete Tertiary/University		

C: WHERE YOU WORK			
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 #
NATURE OF BUSINESS			

D: PROJECTED LEVEL OF ACTIVITY	
WHAT IS THE PROJECTED LEVEL OF ACTIVITY (eg. Between \$10,000 - \$20,000 per month)	\$.....
OPENING DEPOSIT AMOUNT (separate from opening Share amount)	\$.....
SOURCE OF FUNDS	SALARY <input type="checkbox"/> SAVINGS <input type="checkbox"/> INHERITANCE <input type="checkbox"/> REMITANCE <input type="checkbox"/>
OTHER (please state) <input type="checkbox"/>	
PURPOSE OF ACCOUNT	

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E: STATEMENTS & COMMUNICATION

WHERE DO YOU WANT YOUR STATEMENTS SENT?

PERMANENT/ HOME ADDRESS

MAILING ADDRESS

HOLD MAIL

EMAIL STATEMENT

INTERNET BANKING ONLY

F: MARKETING

1. We would like to keep you up to date with information on our products and services. To do this, we would like to contact you by telephone, post, e-mail or SMS. Yes No
2. Source of referral: Radio TV Staff Internet Newspaper
 Business Associate Other Please State _____

G: APPLICANT'S DECLARATION

I hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform to the Rules and amendments thereof, and subscribe to a minimum of \$2,000.00 in Permanent Shares and a minimum of \$500 in Voluntary Shares at a nominal value of one (1) Jamaican dollar each.

SIGNATURE OF APPLICANT

DATE

H: FOR CREDIT UNION USE ONLY

	YES	NO		LOW	MODERATE	HIGH
SIGNATURE CARD	<input type="checkbox"/>	<input type="checkbox"/>	RISK RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAXPAYER REGISTRATION #	<input type="checkbox"/>	<input type="checkbox"/>				
CHARACTER REFERENCE	<input type="checkbox"/>	<input type="checkbox"/>				
IDENTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>				
PROOF OF ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>				

ACCOUNT OFFICER NAME

SIGNATURE

DATE

MANAGER'S NAME

SIGNATURE

DATE

ACCOUNT OPENED BY

SIGNATURE

DATE

CHECKED BY (Risk & Compliance)

SIGNATURE

DATE

CREDIT UNION MEMBERSHIP APPLICATION FORM

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 UWI (Mona) & Community Co-operative Credit Union Limited

Account Number _____

I, _____ of _____
(Full Name) (Address)

Being _____ and a member of UWI (Mona) & Community Co-op. Credit Union Limited.
(Occupation) (Credit Union)

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

NAME	RELATIONSHIP	ADDRESS	PROPORTION

Where the Nomination is not intended to compromise 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