



INDIVIDUAL MEMBERSHIP APPLICATION

ACCOUNT NO

DATE

1. Iwish to apply for membership of the JANNOU CREDIT UNION LTD.

2. DETAILS OF APPLICANT (PLEASE PRINT)

SURNAME..... FIRST/SECOND NAMES

ID NO. NIS NO. DATE OF BIRTH

DRIVERS LICENSE (COUNTRY & NUMBER)..... HOME TEL. NO.....

PASSPORT (COUNTRY & NUMBER)..... MOBILE PHONE NO.....

COUNTRY OF RESIDENCE GENDER: - MALE.... FEMALE

PLACE OF RESIDENCE TAX INFORMATION NUMBER:.....

MAILING ADDRESS

E-MAIL ADDRESS

MARITAL STATUS: SINGLE MARRIED WIDOWED
 DIVORCED COMMOM LAW SEPARATED

EDUCATION: PRIMARY SECONDARY TERTIARY OTHER.....

3. FINANCIAL INFORMATION

WHAT IS YOUR REASON FOR OPENING THE ACCOUNT

ANTICIPATED TURNOVER/ ACTIVITY (Deposit/ withdrawals)

[Deposits]: Period (select one) WEEKLY MONTHLY YEARLY
AMOUNT PER DEPOSIT: - NO OF DEPOSITS: -

[Withdrawals]: Period (select one) - WEEKLY MONTHLY YEARLY
AMOUNT PER WITHDRAWAL - NO OF WITHDRAWALS -

SOURCE OF WEALTH

BUSINESS ACTIVITY (IF SELF EMPLOYED)

SOURCE OF INITIAL DEPOSIT

NATURE OF TRANSACTIONS: CHEQUES CASH DIRECT DEBIT OTHER.....

AVERAGE MONTHLY INCOME: Less than \$1000 \$1000-\$1500 \$1501- \$3000 \$3001-\$4500
 \$4501-\$6000 \$6001-\$7500 \$7501 and Over

4. EMPLOYMENT

(A) PRESENT EMPLOYER

COMPANY/ EMPLOYER/MINISTRY.....
SECTION / DEPARTMENT / UNIT.....
POSITION NOW HELD.....
WORK ADDRESS..... WORK TEL. NO.
DATE OF FIRST EMPLOYMENT..... DATE OF EMPLOYMENT IN PRESENT POST.....
EMPLOYMENT STATUS: PERMANENT TEMPORARY CONTRACT OTHER.....

5. RELATIVES/SPOUSE

(A) NAME OF SPOUSE RESIDENCE.....
..... MAILING ADDRESS
..... TEL NO.....
(B) NAME OF NEXT OF KIN (NOT SPOUSE) RESIDENCE OF NEXT OF KIN
..... MAILING ADDRESS.....
..... TEL NO.....

6 PROPOSED BY (1)

NAME
(PRINT)

MEMBER'S ACCOUNT NO.....

PROPOSERS RELATIONSHIP TO APPLICANT -*(Select One from the lists below)

THROUGH YOUR FAMILY

_____ PARENT _____ SPOUSE / COMMON LAW
_____ UNCLE / AUNT _____ NIECE / NEPHEW
_____ SON / DAUGHTER _____ GRANDPARENT
_____ BROTHER/ SISTER

THROUGH WORKPLACE

_____ FRIEND (7)
_____ COLLEAGUE (8)

NOTE:

Only Individuals eligible to join through their workplace may be proposed by 7& 8.

****I understand that any false information will nullify the nominee's membership immediately.***

SIGNATURE OF PROPOSER.....

HOW DID YOU GET TO KNOW -FamilyFriendsWebsite Internet
ABOUT THE CREDIT UNIONRadio CommercialSocial MediaTelevisionWorkplace
.....Other (please specify).....

7. ARE YOU A MEMBER OF ANY OTHER CREDIT UNION (S)? YES NO

IF "YES" STATE WHICH ONE (S)
Account No.

8. APPOINTMENT OF NOMINEE

In accordance with section 100 of the Co-operative Societies Act No. 28 of 1999 made thereunder, and the Bylaws of the above-mentioned Society, 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 ST LUCIA CIVIL SERVICE COOPERATIVE CREDIT UNION LTD or its Successor in Title shall in the event of my death be paid or transferred (in the proportions respectively shown under).

NAMES	RELATIONSHIP	PROPORTION TO BE PAID	ADDRESS

DECLARATION

- a) That by signing below the Applicant is making an application to a) open the account and b) obtain certain credit union services subject to the Credit Union’s Terms and Conditions.
- b) That all details stated in this application are true, accurate and complete.
- c) That the Applicant will immediately notify the Credit Union as of all changes in any details provided herein.
- d) That the Account will not be used for fraudulent activity, money laundering or any criminal offence whatsoever.
- e) That all supporting documentation for all transactions to and from the Account shall be provided to the Credit Union immediately upon request.
- f) That the Applicant has received, thoroughly examined and agreed to be bound by the Credit Union’s Terms and Conditions and Credit Union fees and charges as amended from time to time and understands that the Individual application along with the Credit Union’s Terms and Conditions constitute a legally binding agreement between the Applicant and the Credit Union.
- g) That the Applicant agrees that the Credit Union can disclose Account information to relevant authorities under the appropriate legislation.
- h) That the Applicant agrees to the processing by the Credit Union of the information/data concerning the application in accordance with applicable laws.
- i) That the Applicant agrees that the Credit Union may at any time and without notice to the applicant combine and consolidate all and any accounts with the credit union in the individuals name or to whom the individual is beneficially entitled and or set off any money whatsoever regardless of the type of account with which the funds are held.
- j) That the Applicant agrees to provide the Credit Union on request such information regarding its affairs as the Credit Union may require from time to time and authorizes the Credit Union to contact such persons as the Credit Union thinks fit to verify the correctness and completeness of any information furnished by the Applicant and authorizes such persons to release such information to the Credit Union.
- k) That the Applicant complies with all laws and regulations imposed on it by any applicable jurisdiction in respect to this application for an account opening and other credit union services.
- l) That the rights and obligations of the Applicant and the Credit Union hereto shall be governed by and interpreted in accordance with the laws of Saint Lucia and the courts of Saint Lucia shall have exclusive jurisdiction.

SIGNATURE OF APPLICANT **DATE**.....

FOR OFFICIAL USE ONLY

Compliance Recommendation For Application :

RRating _____ Yes _____ No _____ DATE _____

BOARD DECISION:

APPROVED DATE.....

NOT APPROVED DATE

DEFERRED DATE.....

.....
MANAGER/SECRETARY

ENTRANCE FEE PAID

DATE PAYMENT MADE

CREDIT DEPOSIT ACCOUNT:

RECEIPT NO:.....

TOTAL SHARE (s) PAID

TELLER'S SIGNATURE AND NUMBER

Permanent:.....

Regular

Revised August 2022

