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**APPLICATION FOR MEMBERSHIP OF THE**

**FOND ST. JACQUES CREDIT CO-OPERATIVE SOCIETY LIMITED**

ACCOUNT NO………………………………………… DATE OF APPLICATION.………………………………………………..

1. I ………………………………………………………………………………………………………………………........………………………..

**Print full name**

Wish to apply for membership of the FOND ST. JACQUES CREDIT CO-OPERATIVE SOCIETY LIMITED.

I agree to conform to the Society’s Ordinance, Regulations and By-Laws and adhere to any amendments to the foregoing.

ARE YOU A MEMBER OF ANY OTHER CO-OPERATIVE? YES NO

IF “YES” WHICH ONE/S………………………………………………………………………………………………………………

Have you had an account with the Fond St Jacques Credit Cooperative Society Ltd before? If yes, state reasons for closing it. ……………………………………………………………………………………………………………………………………………………………………………………………

**2. DETAILS OF APPLICANT**

SURNAME………………………………………………………………… FIRST/SECOND NAME/S………………………………………………………………….

DATE OF BIRTH…………………………………………………………… RESIDENTIAL ADDRESS………………………….………………………………………

NAT’L ID NO………………………… NIS NO……………………DRIVER’S LICENSE NO……………………. PASSPORT NO…………………………….

CONTACT NOS: HOME…………… MOBILE……………………. EMAIL ADDRESS…………………....……………………………………………………..

RESIDENTIAL ADDRESS………………………………………………………………………………. LENGTH OF TIME AT THIS ADDRESS ………………

STATUS OF ADDRESS OWNER RENTAL/LEASE PARENT'S FRIEND/RELATIVE OTHER………………………

PREVIOUS ADDRESS…………………………………………………………………………………. LENGTH OF TIME AT THAT ADDRESS ………………

MAILING ADDRESS (If different from home address)..…………………………………………………………………………………………………….....

MARITAL STATUS: single married widowed divorced Common Law other……………………..

NATIONALITY…………………………………….CITIZENSHIP (1)…………………………………………. (2) ...……………….…………………………..

**3. EMPLOYMENT (**if student indicate this and name of school)

OCCUPATION/POSITION ……………………………………………………. EMPLOYER……………………………………………………………………………

WORK TEL NO……………………………………………………….. WORK ADDRESS…………………………………………………………………………………

EMPLOYMENT STATUS: Permanent Temporary Contract Part-time Self-employed Unemployed

 Retired Other…………………… LENGTH OF CURRENT EMPLOYMENT………………………………

AVERAGE MONTHLY INCOME Less than $1,500 $1,500 - $3000 $3,001 - $5,000 $5001 and over

PURPOSE FOR OPENING ACCOUNT: Savings Business Charity/Social Work Bill Payments

 Remittances Other …………………………………………………………….

**4. SOURCE OF DEPOSITS**: Employment Income Rental/Lease Income Business Income Remittances Investments Pension Sale of Assets Social Assistance Donations Other…………………………

**5. METHOD OF DEPOSITS/PAYMENTS**: Cash Cheque Salary Deductions Bank Deposits Wire Transfer

 Transfers Other………………………………………………

AVERAGE NUMBER OF EXPECTED MONTHLY DEPOSITS………………

AVERAGE VALUE OF EXPECTED MONTHLY DEPOSITS $……………………………………………………………….

DETAILS FOR VALUES ABOVE $5,000.00………………………………………………………………………………………………………………………………

**5. POLITICAL EXPOSURE**

**Do you or any member of your immediate family, member of your household or close associate hold (or have held) any of the following offices or positions:**

 MP/Minister/Deputy Minister Senior Public Servant Senior Mgt in Gov't Dept/Statutory Organisation

 Mayor/Head of Gov't Agency Judge/Magistrate Ambassador/Consul General

 Head of State Other …………………………………………………………………………………………………………

**6. DECLARATION**

*I hereby confirm that the details provided in this form and in any other document provided to the credit union are correct, true and complete, and agree to inform the credit union immediately of any change in the information provided.*

*I hereby declare that any money remitted into this account does not directly or indirectly originate from any illicit financial activity, and that I have not been, nor shall I be, involved, directly or indirectly, either individually or jointly with any other person(s), in any money laundering or terrorism financing activities.*

*In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that the credit union reserves the right to withdraw me from its membership.*

**Signature of Applicant: ……………………………………………….. Date: ………………………………………………………………….**

**Name of First Witness: ……………………………………………….... Name of Second Witness: ……………………………………………**

**Signature of First Witness: …………………………………………….. Signature of Second Witness: ……………………………………….**

**BENEFICIARY FORM**

**(PURSUANT TO THE CO-OPERATIVE SOCIETY ACT)**

I…………………………………………………………………………………………………………………………………………………………………

 (Print name in full)

OF……………………………………………………………………………………………………………………………………………………………..

 (Address)

In accordance with Section 17 of the Co-operative Societies’ Act Chapter 82 Rule 8 of the Co-operative Societies’ Rules, made hereunder, and the Bye-Laws of the above named Society, I hereby nominate the following as the only person (or persons) to whom to credit the Shares, Deposit or Interest of the value of such Shares, Deposit 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).

Should the appointed beneficiary be a minor (below the age of 16 years) at the date of my death, the legal tutor shall be entitled to receive the benefit on their behalf by installments agreed by Fond St Jacques Credit Cooperative Society Ltd. Upon minor reaching age 16, the assigned Legal Tutor will be considered null and void

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| --- | --- | --- | --- | --- | --- | --- |
| NAME | DATE OF BIRTH | RELATIONSHIP | ADDRESS | CONTACT NUMBER | PROPORTION (%) | LEGAL TUTOR (FOR MINOR) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

Witnesses By: …………………………………………………………. …………………………………………………………….

 Name of Witness 1 Signature of Witness 1

 ……………………………………………………………………………………………………………………………

 Address of Witness 1

 ……………………………………………………….. …………………………………………………………….

 Names of Witness 2 Signature of Witness 2

 …………………………………………………………………………………………………………………………..

 Address of Witness 2

**FOR OFFICIAL USE ONLY**

ENTRANCE FEE PAID……………………………………………………. DATE PAYMENT MADE………………………………………

CREDIT DEPOSIT ACCOUNT…………………………………………. RECEIPT NO………………………………………………………

TOTAL SHARE/S PAID…………………… PERMANENT ……………………………… ORDINARY………………….………..

TELLER’S NAME……………………………………………………. TELLER’S SIGNATURE……………………………….………………..

BOARD DECISION: APPROVED……………………………………….. DATE:………………………………………….…….…………….

 NOT APPROVED………………………………. DATE:…………………………………………….………………..

 DEFERRED……………………………………….. DATE:…………………………………………….………………..

………………………………………………………………………….

MANAGER/SECRETARY.