**Dennery Community Credit Co-operative Society Ltd.**

**APPLICATION FOR MEMBERSHIP**

Date of application Time Account #

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last (alias)

Marital status: Married Single Common Law Gender: Male Female

M

Date of Birth: Country of Birth:

Home Address:

Postal Address:

Occupation: Employer:

N.I.C # ID Card #: Driver’s License #:

Contact Numbers: Home Work Mobile

Email:

Are you a member of another Credit Union? Yes No If yes please provide Name of Credit

I qualify for membership to the

Dennery community Credit Co-op. by virtue of: Birth Residence Spouse Job

Foreign Account Tax Compliance Act (FATCA) REQUIREMENT

Are you a Citizen or Permanent Resident of the United States of America? \_\_\_\_\_\_\_\_\_\_\_

What is your Social Security number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seconded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply to purchase twenty permanent shares in the Dennery community Credit Co-operative Society Ltd. I agree to conform to the by-laws of the Credit Union and Co-operative Act.

I hereby nominate the following person(s) to whom or to whose credit the interest or 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 respectfully shown hereunder).

1. Name Relationship Percentage

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

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Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

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Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

If beneficiary is a minor (under the age of 16) you are required to name a legal guardian.

Name of legal guardian

Please note than upon minors reaching the age of 16 years, the above named guardian would be considered null and void.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Attesting Witness

For Official Use Only

Enrolled as a Member Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entrance Fee Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Secretary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_