



DENNERY COMMUNITY CREDIT CO-OPERATIVE SOCIETY LTD.

APPLICATION FOR JOINT MEMBERSHIP

Date of application: Time: Account #:

Account Holder 1

Name: ☐ Male ☐ Female

First Middle Last (alias)

Marital status: ☐ Married ☐ Single ☐ Common Law Date of Birth:

Country of birth: Occupation: Employer:

Home Address:

Postal Address:

N.I.C #: Driver's Lic#: ID# Passport#:

Contact Numbers: Home Work Mobile

Account Holder 2

Name: ☐ Male ☐ Female

First Middle Last (alias)

Marital status: ☐ Married ☐ Single ☐ Common Law Date of Birth:

Country of birth: Occupation: Employer:

Home Address:

Postal Address:

N.I.C #: Driver's Lic#: ID# Passport#:

Contact Numbers: Home Work Mobile

We hereby apply to purchase twenty permanent shares in the Dennergy Community Credit Co-operative Society Ltd. We agree to conform to the by-laws of the Credit Union and Co-operatives Act.

All monies deposited in this account from time to time are to be paid upon signature of:

☐ Either of the undersigned ☐ Both of the Undersigned

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? _____

Seconded by: _____ Proposed by: _____

In the event of death of either, all monies should be paid upon the signature of the survivor.

We hereby nominate the following person(s) to whom or to whose credit the interest or the value of such share or interest held by us in the said Society shall in the event of our death be paid or transferred (in the proportions respectfully shown hereunder).

1. Name Relationship Percentage

Date of Birth _____ Address

2. Name Relationship Percentage

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 account holder 1

Signature of account holder 2

For Official Use Only

Enrolled as a Member ☐ Date _____

Entrance Fee ☐ Date _____

Approved by Secretary

_____ Date _____

