

# KINGSTOWN CO-OPERATIVE CREDIT UNION LTD

## MEMBERSHIP APPLICATION FORM

I the undersigned hereby make application for membership in the Kingstown Co-operative Credit Union Ltd. I further agree to comply with the Bye Laws, the Co-operative Societies Act, and any other Acts or Regulations that are applicable  
**All amounts must be stated in Eastern Caribbean Dollars (ECS)**

### 1. PERSONAL (APPLICANT)

**NAME:** \_\_\_\_\_ **ALIAS** \_\_\_\_\_  
FIRST OTHER SURNAME

**DATE OF BIRTH:** \_\_\_\_\_ **COUNTRY OF BIRTH:** \_\_\_\_\_ **COUNTRY OF CITIZENSHIP/RESIDENCY:** \_\_\_\_\_  
DD / MM / YYYY

**PASSPORT #:** \_\_\_\_\_ **ID CARD #:** \_\_\_\_\_ **DRIVER'S LICENSE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_, \_\_\_\_\_  
PERMANENT POSTAL

**FIXED TEL #**(\_\_\_\_)(\_\_\_\_)(\_\_\_\_) **CELL #**(\_\_\_\_)(\_\_\_\_)(\_\_\_\_) **EMAIL** \_\_\_\_\_

**GENDER:** Male Female **MARITAL STATUS:** Married Single Divorced Widowed Separated

**CONTACT NAME:** \_\_\_\_\_ **CONTACT RELATIONSHIP:** \_\_\_\_\_

**CONTACT ADDRESS:** \_\_\_\_\_ **CONTACT TEL. #:** (\_\_\_\_)(\_\_\_\_)(\_\_\_\_) **CONTACT CELL#:** (\_\_\_\_)(\_\_\_\_)(\_\_\_\_)

### 2. EMPLOYMENT (APPLICANT)

**EMPLOYER:** \_\_\_\_\_ **LENGTH OF EMPLOYMENT (YEARS):** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER TEL. #:** (\_\_\_\_)(\_\_\_\_)(\_\_\_\_)

**SHARE/DEPOSIT METHOD:** DIRECT DEDUCTION COUNTER REMITTANCE

**MONTHLY SALARY (GROSS):**  
 500 – 1500      1501 – 2500      2501 – 3500      3501 - 5000      > 5000

### 3. SELF EMPLOYED APPLICANTS

**NATURE OF BUSINESS:** \_\_\_\_\_ **BUSINESS START DATE:** \_\_\_\_\_  
DD / MM / YYYY

**OWNER DRAWINGS (MONTHLY)EC\$** \_\_\_\_\_, **YOUR POSITION:** \_\_\_\_\_, **ANNUAL REVENUE EC\$** \_\_\_\_\_

**BUSINESS INCORPORATED:** Yes No **Name of Business:** \_\_\_\_\_

**EXPECTED VALUE OF BUSINESS MONTHLY: WITHDRAWALS \$** \_\_\_\_\_ **DEPOSITS \$** \_\_\_\_\_

### 4. NOMINEE

In accordance with section 102 of the Co-operative Societies Act 12 of 2012, the Byelaws and any other relevant regulations. 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 said society shall in the event of my death be paid or transferred (in the proportions respectively shown hereunder).

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Telephone #</u>	<u>Proportion %</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### 5. PAYMENT

**Required:** Entrance fee \$5.00 Permanent Shares Account: A minimum of 20 shares at \$5.00 each \_\_\_\_\_

**Optional:** Redeemable shares \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Medical Insurance \$ \_\_\_\_\_

Christmas Savings \$ \_\_\_\_\_ Vacation Savings \$ \_\_\_\_\_ KCYC Plus \$ \_\_\_\_\_

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### 6. CREDIT UNION MEMBERSHIP

Are you a member of any other Credit Union in SVG?    Yes                  No

If yes, please specify name (s) \_\_\_\_\_

Were you previously a member of KCCU?    Yes                  No

If yes, give full name used at that time \_\_\_\_\_  
FIRST                                  OTHER                                  SURNAME

### 7. UNDISCHARGED BANKRUPT

Yes                  No

If yes, Date of bankruptcy filing: \_\_\_\_\_ Country \_\_\_\_\_  
DD    MM    YYYY

### 8. RESIDENCE

Own home          Rent                  Live with parents          Other \_\_\_\_\_  
(Specify)

### 9. INDUSTRY

Human Resources          Accounting/Audit          Legal          Medicine          Finance          Engineering  
 Marketing/PR          Manufacturing          Agriculture/Fisheries          Construction  
 Hospitality          Sports          Other \_\_\_\_\_  
(Specify)

### 10. HIGHEST LEVEL OF EDUCATION REACHED

Primary          Secondary/High School          A Level          College          University          Technical          Professional          Vocational  
 Other \_\_\_\_\_  
(Specify)

### 11. DECLARATION

I \_\_\_\_\_ of \_\_\_\_\_ hereby declare that the information provided to the Kingstown Co-operative Credit Union Ltd. on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ is true and correct. I further agree to the terms and conditions thereof.

**MEMBERS' SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ATTESTING WITNESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ATTESTING WITNESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

### Documents Required (Minimum)

- Two (2) pieces of identification (National Identification, Passport or Driver's License)
- Utility Bill (Proof of Address)
- Recent Job letter

REGISTERED 1958

### FOR OFFICIAL USE ONLY

**Approved:**

Secretary _____	Applicant's Identification # _____
President _____	File # _____
Date _____	Account # _____