



**ST. JOHN'S CO-OPERATIVE CREDIT UNION LIMITED**  
**Application for Membership: INDIVIDUAL**

Please tick each box as evidence that these documents have been obtained from the member to be placed on file.

<input type="checkbox"/>	2 Picture identifications (Passport and one other)	<input type="checkbox"/>	Job Letter	<input type="checkbox"/>	1 Photo ID of Second Signatory on account
<input type="checkbox"/>	Proof of address (Copy Utility or Cable bill)	<input type="checkbox"/>	Passport photo		

Date of Application (dd/mm/yyyy):				Account No. assigned	
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**DETAILS OF APPLICANT - Tick where applicable**

1. Name of Applicant (Indicate Mr., Miss or Mrs.)					<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
2. Date of Birth (dd/mm/yyyy)			3. Phone	H		W		C
4. E-mail Address:								
5. Home Address:								
6. Mailing Address:								
7. Residential Status:	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Rent	<input type="checkbox"/>	With parents	<input type="checkbox"/>	Other:
8. Marital Status:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed
9. Name of Spouse:								
10. Occupation/Profession:					11. Spouse's Occupation			
12. Describe your occupation:	<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Unemployed
	<input type="checkbox"/>	House Person	<input type="checkbox"/>	Student	<input type="checkbox"/>	Retired		
13. Employer:						14. Business Phone		
15. Business Address:								
16. Do you own property in Antigua & Barbuda?:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
17. If so, state the location of such property.:								
18. Were you previously a member of SJCCU?:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
19. If so, what date was your membership terminated? (dd/mm/yyyy):								
20. Are you a member of another Credit Union?:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
21. If so, which Credit Union? (The Law requires that such Credit Union be notified):								
22. Who or what referred you to SJCCU?								

**DECLARATION OF APPLICANT**

I hereby make an application for membership in the name of **ST. JOHN'S CO-OPERATIVE CREDIT UNION LIMITED** and agree to conform to Rules and Amendments thereof and subscribe for at least twenty Permanent Shares, increasing such holdings over time and as may be required for increased access to services. I declare that the information I have given on this form is true to the best of my knowledge. I authorize you to open the account in my name, to process the information I have provided and honour my signature as shown below for all purposes.

Member Signature: _____	Witness to Member Signature: _____
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**AUTHORISATION OF SECOND SIGNATORY ON ACCOUNT (OPTIONAL) 1 Photo ID of second signatory required**

I hereby authorize (name)		to have full control over my Savings Account to include	
Deposits and Withdrawals.			
Member Signature: _____	Second Signatory Signature: _____		
Witness: _____	Witness: _____		
Date(dd/mm/yy):		Date(dd/mm/yy):	



**ACCOUNT ACTIVITY**

Please indicate the <b>MONTHLY</b> expected turnover of your account (ie. total \$ value of transactions in and out)									
Monthly Income \$			Potential Activity - Deposits \$				Potential Activity - Withdrawals \$		
Initial Deposit:	\$			Cheque		Cash			Internal Transfer
Breakdown:	Savings Account				\$			NOTES	
	Mandatory Shares				\$				
	Entrance Fee				\$				
	Pass Book				\$				
	Voluntary Shares				\$				
	Other:				\$				
	TOTAL				\$				

**NOMINATION FORM**

(PURSUANT TO "THE CO-OPERATIVE SOCIETIES LAWS OF ANTIGUA & BARBUDA")

Name of Society: <b>ST. JOHN'S CO-OPERATIVE CREDIT UNION LTD</b>			
Member Account Number:			
I, _____ (Occupation)			
of (Address)			
member of the above-named Society, do hereby Nominate the following (as the only person or persons (none of them being an officer or Servant of the Society, unless such persons are the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew or Niece of me the Nominator) to or among whom shall be transferred my property in the Society whether in Shares, Loans, Deposits or otherwise at my decease in such proportions as is set forth below opposite the respective names. Any previous nomination made by me is hereby cancelled.			
NAME	OCCUPATION	ADDRESS	PROPORTION %
<i>Where the Nomination is not intended to comprise the whole to the member's property in the Society, the amount to be comprised in it is to be specified.</i>			
As witness to my hand, this		day of (month)	(year)
Signature of member making Nomination			
Signature of Witness		Address	
Signature of Witness		Address	

**FOR OFFICIAL USE ONLY**

I declare that the present Nomination was deposited with the Society on the:

day of (month)		(year)
Signature of Secretary of Society:		_____