

ST. JOHN'S CO-OPERATIVE CREDIT UNION LIMITED
Application for Membership: BUSINESS, ORGANISATION or GROUP



Date: _____

Account No. _____

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

- Picture identification (Passport, Drivers License, Identification Card) of signatories to account
 Business Registration Certificate No. _____
 Proof of business address (Copy Utility or Cable bill)

BUSINESS DETAILS [PLEASE PRINT CLEARLY]

Business Name _____

Type of Business _____

Address _____

How long has the business been in existence? _____ Weeks Months Years

What is the primary purpose for this account? Savings Investment Payroll
 Other _____

Does the business own property in Antigua & Barbuda? Yes No

If yes, state the location of such property _____

DETAILS OF SIGNATORIES [PLEASE PRINT CLEARLY]

Mr. Mrs. Ms
 Name of signatory _____ Gender Male Female
 Date of birth ___/___/___ Phone(H) _____(W) _____(C) _____
DD MM YY
 Home Address _____ E-mail Address _____
 Residential Status Owner Rent Living with parents Other _____
 Mailing address _____
 Marital Status Single Married Divorced Widowed Name of spouse _____
 Occupation/Profession _____
 Which of the following best describes your occupation? Full Time Part-time
 Self-employed Unemployed House person Student Retired
 Employer name _____
 Employer Address _____
 Business Telephone _____

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Employer name _____

Employer Address _____

Business Telephone _____

SOURCE OF FUNDS [PLEASE PRINT CLEARLY]

What is the source of your initial deposit? (Please note that we can request further confirmation.)
 Income from Employment Investments&Savings Inheritance Other _____

How has your wealth been accumulated? (Please note that we can request further confirmation.)
 Income from Employment Investments&Savings Inheritance Other _____

ACCOUNT ACTIVITY

Please indicate the monthly expected turnover of your account (ie. total \$ value of transactions in and out)

Potential activity deposits \$ _____

Potential activity withdrawals \$ _____

Initial Deposit \$ _____ Cheque Cash Internal Transfer

Breakdown

SpD	\$ _____
Fixed Deposit	\$ _____
Permanent Shares	\$ _____
Entrance Fee	\$ _____
Pass Book	\$ _____
TOTAL	\$ _____

DECLARATION

I declare that the information I have given on this form is true to the best of my knowledge. I have read the Terms and Conditions of operating an organisation account at of St. John's Co-operative Credit Union Ltd and I accept them. I authorize you:

- To open the account in the name of the organisation noted
- To process the information I have provided you with
- To honour my signature as shown below for all purposes related to this account

Member Signature

	DD	MM	YY
Date			

Member Signature

	DD	MM	YY
Date			

Member Signature

	DD	MM	YY
Date			



NOMINATION FORM

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

Name of Society: **St. John's Co-operative Credit Union Ltd**

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 %

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.

As witness to my hand, this _____ day of _____, 20_____.

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 _____, 20_____.

Signature of Secretary of Society _____