Manchester Co-operative Credit Union (1977) Ltd.

NEW MEMBER APPLICATION

Account Type: **Adult**		
Account #:	Date of Application:	Branch:

IDENTIFICATION

ID Type:
☐ Voter's ID ☐ Passport ☐ Driver's Licence ☐ Other (please state): _____

ID Number: _____ Expiration Date: _____

PERSONAL DATA

☐ Mr. ☐ Ms. ☐ Mrs.	Surname:	First Name:	Middle Name(s)
Gender ☐ Male ☐ Female	Maiden name:	Previous Name(s):	Alias(es):
Date of Birth (dd/mm/yyyy)	Next of Kin:		Relationship to next of kin:
Applicant's Home Tel #:	Cell #:	Work#:	Next of kin telephone number:

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

TRN:	Email address:
Full name of Spouse/ Partner (if applicable):	Spouse's/ Partner's Tel #:
Number of dependents:	Age(s) of each:
Place of birth:	Nationality: (Please Select) Other:
Current Home Address:	Previous Home Address:

Mailing Address (if different from above):

☐ Own ☐ Rent ☐ Family home ☐ Other (please state): | Years/Months at residence:

Proof of current address must be provided by the Applicant. Please submit ONE (1) of the following documents not older than three (3) months (***must be verified***).

☐ Recent utility bill in your name
☐ Recent bill/Statement from a financial institution
☐ Copy of Lease/Letter from Landlord with proof of address attached
☐ Address verification*
☐ Returned post envelope with Address/postmarked
☐ Voluntary Declaration*
☐ Letter from a government agency with address

*signed and stamped by Justice of the Peace (JP), Notary Public, Minister of Religion, Attorney-at-Law, Member of Parliament or Municipal Councillor

Opening Deposit: $	Purpose of Account:	Primary account? ☐ Yes ☐ No
Other financial institutions you use: Other:	Bank of Jamaica CIBC First Caribbean International Bank (CIBC FCI Citibank NA Jamaica Cornerstone Trust & Merchant Bank Credit Union	Expected number and value of monthly transactions:

Do you hold a prominent position such as senior government official, senior civil servant, politician, senior police or army officer, CEO of Statutory Body/Government Corporation?

☐ Yes ☐ No If yes, please indicate your position: _____

Are you related to any of the categories of persons noted above? ☐ Yes ☐ No

How are you related? _____

☐ Politically exposed person (PEP)* ☐ Related to a politically exposed person (PEP)

If yes, please state name of PEP: _____

Current Employer:

Manchester Co-operative Credit Union (1977) Ltd.

NEW MEMBER APPLICATION

Profession/Occupation: (Please Select) Other:	☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Contract ☐ Self-Employed* *Please state the type and nature of business. _____
State your exact Net salary amount: $	☐ Monthly ☐ weekly ☐ fortnightly ☐ annually

Please indicate your gross monthly income bracket: (Please tick √)

☐ Under $40,000 ☐ $300,001-$350,000	☐ $40,001-$100,000 ☐ $350,001-$400,000	☐ $100,001-$150,000 ☐ $400,001-$450,000	☐ $150,001-$200,000 ☐ $450,001-$500,000	☐ $200,001-$300,000 ☐ Over $500,000

Employer's Address:	Employer's Email:	
How long have you been employed?	Employer's Tel #:	Source of income: Income From My Business
Other monthly income: $	Do you own a business? ☐ Yes ☐ No	Location of business:

Are you a US citizen? ☐ Yes ☐ No	Are you a US Green Card Holder? ☐ Yes ☐ No	Do you currently live in the US? ☐ Yes ☐ No
Are you a citizen of any other country apart from the US and Jamaica? ☐ Yes ☐ No	Please state country(ies): (Please Select)	Address outside of Jamaica: State/Province: _____ Postal/Zip Code: _____ Overseas Tel #: _____

I hereby declare that the information provided on this update form is true to the best of my knowledge and authorize the verification if the information provided. I also grant permission to Manchester Co-operative Credit Union (1977) Limited for this information to be shared with parties where applicable by law.

I further apply for membership in Manchester Co-operative Credit Union (1977) Limited and agree to conform to the RULES and amendments thereof and subscribe to pay the prescribed SHARES required.

Signature of Member/Guardian: _____	Date: _____
Witness: _____	Date: _____

UPDATING ACCOUNT: Government regulations require that person's information on all accounts maintained at Manchester Co-operative Credit Union (1977) Limited shall be updated at least once every (7) years or at more frequent intervals as may be determined by the regulators from time to time. It is also your duty to inform us when your information changes.

CLOSING OF ACCOUNT: A member may be expelled and his/her account(s) closed, if he/she in contravention of the Co-operative Societies Act and Regulations or the Credit Union's Rules, Proceeds of Crime Act, Proceeds of Crime (Money Laundering Prevention) Regulations, acts in anyway detrimental to the interests of the Credit Union, acts in contravention of legislation pertaining to deposit taking institutions, attempts to defraud the Credit Union or is convicted of a criminal act.

President/Chairman or Designate of the Credit Union: ……	Signature of Secretary or Designate of the Credit Union: ……

NEW MEMBER APPLICATION

NOMINATION FORM/APPOINTMENT OF BENEFICIARY (IES)
(Pursuant to the Co-operative Societies Act)

Member's Name: _____	Account Number:
Address: _____ _____	Occupation: (Please Select) Other:

I, a member of the abovementioned Credit Union, do hereby Nominate the following as the only person or persons (none of them being an Officer or Servant of the Society (Manchester Co-operative Credit Union (1977) Limited, unless such person is 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 Credit Union, whether in Shares, Loans, Deposits or otherwise in such proportions as is/are set forth below opposite their respective name(s).

Name	Address	Telephone No.	Date of Birth (dd/mm/yyyy)	Relationship to member	Name of Trustee	Portion (%)
					Tel #:	
					Tel #:	
					Tel #:	
					Tel #:	
					Tel #:	
					N.B. CANNOT EXCEED 100%	**0**

APPOINTMENT OF TRUSTEE(S)

I, further appoint the abovenamed person(s) as trustee(s) for the minor(s) nominated until he or she attains the age of eighteen (18) years. Trustee(s) appointed must be eighteen (18) years of age or older.

Member's signature: _____ Date: _____

IN WITNESS WHEREOF I have hereto set my hand this _____ day of _____ 20____

Signature of Member making the Nomination/Parent/Guardian: _____

Signature of 1st Witness: _____ Address: _____

Signature of 2nd Witness: _____ Address: _____

I declare that the present nomination was deposited with the Credit Union on: ……

Signature of Secretary or Designate of the Credit Union:

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