Manchester Co-operative Credit Union (1977) Ltd.

YOUTH ACCOUNT APPLICATION

Account Type: **Youth Savings**		
Account #:	Date of Application: (dd/mm/yyyy)	Branch:

YOUTH IDENTIFICATION

ID Type (if applicable):
☐ Birth Certificate ☐ Passport ☐ School ID ☐ Other (please state): _____

ID Number: _____ Expiration Date: _____

YOUTH DATA

☐ Mr. ☐ Ms.	Surname:	First Name:	Middle Name(s)
Gender ☐ Male ☐ Female	Previous Name(s):	Alias(es):	
Date of Birth (dd/mm/yyyy)			
Applicant's Home Tel #:	Cell #:	Next of kin telephone number:	
☐ Infant ☐ Student	Number of Sibling(s) and Ages(s) of Each:		
TRN:	Email address:		
Place of birth:	Nationality: Please Select	Other(please state):_____	

SCHOOL INFORMATION

Name of School:	School Telephone #:
Address of School	

Proof of current address must be provided for Parent/Guardian of 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: (Please Select) Bank of Jamaica CIBC First Caribbean International Bank (CIBC FC Citibank NA Jamaica Other:		Expected number and value of monthly transactions:

Are you related to a politically exposed person (PEP)*? ☐ Yes ☐ No

If yes, please state name of PEP: _____

**Senior government official, senior civil servant, politician, senior police or army officer, CEO of Statutory Body/Government Corporation*

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PARENT OR GUARDIAN DETAILS			
Surname	First Name	Middle Name(s)	
Home Address			
Mailing Address (if different From Home Address)			
☐ Own ☐ Rent ☐ Family home ☐ Other (please state):		Years/Months at residence:	
Home Telephone#	Cellular or other contact#	TRN of Parent or Guardian	Parent ID Number
Profession/Occupation: Nail Tech. Other:	☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Contract ☐ Self-Employed* *Please state the type and nature of business. _____		
Name of Employer:	Employer's Telephone #:		
Employer's Address:	Employer's Email:		
How long have you been employed?	Source of income: (Please Select)		
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 #: _____	

APPLICANT'S DECLARATION

I hereby apply for membership in the Credit Union Youth Saving Programme and declare that the information on this application is true and agree to notify the Credit Union of any material change thereto. I authorize the Credit Union to obtain any information it may require relating to this application from any source it deems relevant and agree to conform to the RULES and amendments thereof.

_____ _____

Signature of Parent or Guardian Date

_____ _____

Signature of Child 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 youth account holder may be expelled and his/her account 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:

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

Full Name of Nominator (Parent/Guardian): _____	Account Number: _____
Address: _____ _____	Full Name of Child/Youth Applicant: _____

I, being Parent/Guardian of the named child above, 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 Youth Saver	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.

Nominator's signature: _____ Date: _____

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

Signature of the Parent/Guardian (Nominator) making the nomination: _____

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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