

SECTION TWO: EMPLOYMENT INFORMATION

Employment Status:

Student:

Full-Time:

Part-Time:

Self Employed:

Retired:

Unemployed:

Name of Employer: _____ (if student, indicate name of educational institution)

Employer Address: _____

Position/Occupation: _____

Years of Employment: _____

SECTION THREE: FINANCIAL INFORMATION

Purpose of opening account: _____

Monthly Income (please provide proof of income i.e. salary slip)

Under \$2,500:

\$2,501-\$5,000:

\$5,001-\$7,500:

\$7,501- \$10,000:

Above \$10,000:

Source of Funds for Opening Account (please provide proof of funds i.e. job letter, lease, bank statement etc.):

Salary: Pension: Rental Income: Investments: Donations:

Sale of Assets: Other (please explain) : _____

Source of Continued Funding of Account (please provide proof of funds i.e. job letter, lease, bank statement etc.):

Salary: Pension: Rental Income: Investments: Donations:

Sale of Assets: Other (please explain) : _____

Expected Level of Activity (please indicate the level of activity expected on the account monthly)

Deposits \$ _____ Withdrawals \$ _____

SECTION FOUR: BENEFICIARIES: (If nominee is a minor, a legal guardian is required. The contact number for a minor should be the legal guardian's number. When the minor turns 16, legal guardian will become null and void. Beneficiaries can be changed at the member's request.)

1. Name: _____
Address: _____

Sex: M F
Date of Birth: ____/____/____
NIS Number: _____
Relationship: _____
Percentage Share: _____
Contact Number: _____
Legal Guardian: _____

4. Name: _____
Address: _____

Sex: M F
Date of Birth: ____/____/____
NIS Number: _____
Relationship: _____
Percentage Share: _____
Contact Number: _____
Legal Guardian: _____

2. Name: _____
Address: _____

Sex: M F
Date of Birth: ____/____/____
NIS Number: _____
Relationship: _____
Percentage Share: _____
Contact Number: _____
Legal Guardian: _____

5. Name: _____
Address: _____

Sex: M F
Date of Birth: ____/____/____
NIS Number: _____
Relationship: _____
Percentage Share: _____
Contact Number: _____
Legal Guardian: _____

3. Name: _____
Address: _____

Sex: M F
Date of Birth: ____/____/____
NIS Number: _____
Relationship: _____
Percentage Share: _____
Contact Number: _____
Legal Guardian: _____

6. Name: _____
Address: _____

Sex: M F
Date of Birth: ____/____/____
NIS Number: _____
Relationship: _____
Percentage Share: _____
Contact Number: _____
Legal Guardian: _____

FOR MEMBERSHIP WITH THE SALTIBUS COOPERATIVE CREDIT UNION LIMITED:

I HEREBY CONFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND THAT ANY FUNDS DEPOSITED ONTO THIS ACCOUNT DO NOT ORIGINATE FROM ANY ILLEGAL ACTIVITY. IF MY APPLICATION IS SUCCESSFUL, I AGREE TO CONFORM TO THE CREDIT UNION'S POLICIES, BY LAWS, REGULATIONS AND THE COOPERATIVE'S SOCIETY ACT.

_____	_____	_____
Applicant's Name	Signature	Date
Witness (i) _____	_____	_____
(Name, Block letters)	Signature	Date
Witness (ii) _____	_____	_____
(Name, Block letters)	Signature	Date
Approved by: _____	_____	_____
(Name, Block letters)	Signature	Title

On behalf of the Board of Directors on this day: _____

Recorded in the Register of Members on: _____