

SECTION ONE: BASIC INFORMATION

Date: ____/__/___ AC # _____ (to be completed by Credit Union)

Name:			
First	Middle		Last
Date of Birth:// D M Y	Sex: Male: Female:	Nationality:	
		Country of Birth:	
Marital Status:			
Residential Address:			
Mailing Address:			
Tel: Cell:		Work:	
N.I.S. No. :			
Passport No.:			
National I.D. No. :			
Driver's License No. :			
Other form of identification:			
Country of Issue:			
Email Address:			

To which other Co- operative do you belong?

Prospective members who belong to another credit union are required to complete a dual membership form which the Credit Union will submit to the Financial Services Regulatory Authority

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	<u>))</u>
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 (pl	ease 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 \$			

<u>SECTION FOUR: BENEFICIARIES: (</u>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:	4. Name:	
	Address:	Address:	
	Sex: $M \square F \square$	Sex: M I F I	
	Date of Birth://	Date of Birth://	
	NIS Number:	NIS Number:	
	Relationship:	Relationship:	
	Percentage Share:	Percentage Share:	
	Contact Number:	Contact Number:	
	Legal Guardian:	Legal Guardian:	
2.	Name:	5. Name:	
	Address:	Address:	
	Sex: M F	Sex: M \square F \square	
		— — —	
	Date of Birth:/	Date of Birth://	
	NIS Number:	NIS Number:	
	Relationship:	Relationship:	
	Percentage Share:	Percentage Share:	
	Contact Number:	Contact Number:	
	Legal Guardian:	Legal Guardian:	
3.	Name:	6. Name:	
	Address:	Address:	
	$\overline{\text{Sex: } M \square } F \square$	$\overline{\text{Sex:} M \square F \square}$	
	Date of Birth://	Date of Birth://	
	NIS Number:	NIS Number:	
	Relationship:	Relationship:	
	Percentage Share:	Percentage Share:	
	Contact Number:	Contact Number:	
	Legal Guardian:	Legal Guardian:	
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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 l	Register of Members on:		