



APPLICATION FOR MEMBERSHIP IN THE JTA CO-OPERATIVE CREDIT UNION LTD.

PLEASE NOTE: All membership application forms should be submitted with the following items: (1) Proof of JTA Membership (2) Valid Photo ID (3) TRN (4) Proof of address (5) Last 2 pay slips (6) First Deposit of \$2,510.00 (7) 1 passport sized photograph

Name Last Name First Name Middle Names

Maiden Name Previous name Alias

Title: Mr Miss Mrs Other Sex: M F Date of Birth: Day Month Year

Marital Status: Single Married Divorced Widowed Separated Place of Birth

Telephone Number: Cell Work Home

Nationality Country of Residence

ID Type Voters Driver's Licence Passport ID No. Expiry Date

TRN No: Email:

Home Address

Mailing address (if different)

Previous Address

Occupation

Employer's Name

How long?

Employer's Address

Employer's Telephone No.

Source of Funds

Purpose of Funds

Estimated Monthly Deposit \$

Monthly income Under \$50,000 \$50,001-\$75,000 \$75,001-\$100,000 \$100,001-\$150,000 \$150,001-\$200,000 Over \$200,000

Emergency Contact Name Relationship Phone

Address

TYPE OF REFERENCE: Member of CU for 2 yrs. or more Minister of Religion Principal Attorney at law JP Medical Doctor CU Employee at Supervisory level CU Board or committee member Police Officer (Rank of Inspector or Higher)

Reference No.1 Name Tele No. Type:

Address

Reference No.2 Name Tele No. Type:

Address

I declare that the information provided on this application form 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 to process this application. I hereby apply for membership in the JTA Co-op Credit Union Ltd.

Signature of Applicant: _____ Signature of Witness: _____ Date: _____

FOR INTERNAL USE ONLY

Account No. Assigned

Branch application was received at:

Processed by:

Date Admitted: Day Month Year

Bond

Receipt #

Voluntary Shares: \$

Permanent Shares: \$

Admin. Fees: \$

Total: \$

This application was approved

Date

President

Secretary

Basis of Employment

Full time

Part Time

Other

NOMINATION FORM

(PURSUANT TO THE "CO-OPERATIVE SOCIETIES ACT")

I _____ of _____
 (Full Name) (Address)

Being _____ and a member of _____
 (Occupation) (Credit Union)

A member of the above named Credit Union, do hereby revoke any previous nomination made by me and do hereby Nominate the following as the only person or persons (none of them being an officer or service of the Credit Union, unless such persons 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 at my decease in such proportions as is set forth below, opposite their respective names:

Name	Relationship	Date of Birth	Address	Contact Number	Proportion

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

Name	Relationship	Date of Birth	Address	Contact Number	Proportion

IN WITNESS WHEREOF I have hereunto set my hand this _____ day of _____, 20_____

Signature of Member Making Nomination: _____

1. Signature of Witness _____ Address: _____

2. Signature of Witness _____ Address: _____

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

Signature of Secretary or Designate of the Credit Union: _____