



APPLICATION FOR MEMBERSHIP

PLEASE NOTE: All membership application forms should be submitted with the following items:-

- (1) Proof of JTA Membership (2) Valid Photo (3) TRN (4) Proof of Address (5) Last 2 pay slips
(6) First deposit of \$3,010.00 (includes \$500 for opening of Easi-Access Savings /Access Plus Debit Card) (7) 1 Passport-sized photograph

LAST NAME:		FIRST NAME:		MIDDLE NAME:					
MAIDEN NAME:		PREVIOUS NAME:		ALIAS:					
TITLE: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> _____			SEX: M <input type="checkbox"/> F <input type="checkbox"/>		DATE OF BIRTH:	DD	MM	YYYY	
MARITAL STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>					PLACE OF BIRTH:				
MOBILE PHONE NUMBER:			WORK PHONE NUMBER:		HOME PHONE NUMBER:				
NATIONALITY:			COUNTRY OF RESIDENCE:						
ID TYPE: VOTER'S <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/>			ID NO.:		EXPIRY DATE:	DD	MM	YYYY	
TRN NO:		N.I.S. NUMBER:		EMAIL:					
HOME ADDRESS:						FOR INTERNAL USE ONLY			
MAILING ADDRESS: (IF DIFFERENT FROM HOME ADDRESS)						ACCOUNT NO. ASSIGNED:			
PREVIOUS ADDRESS:						PROCESSED BY:			
OCCUPATION:						DATE ADMITTED:	DD	MM	YYYY
EMPLOYER'S NAME:						BOND:			
EMPLOYER'S ADDRESS:						RECEIPT #:			
EMPLOYER'S PHONE NUMBER:			BASIS OF EMPLOYMENT: Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>		VOLUNTARY SHARES: \$				
SOURCE OF FUNDS:			Other: _____		PERMANENT SHARES: \$				
PURPOSE OF FUNDS:			ESTIMATED MONTHLY DEPOSIT: \$		ADMIN FEES: \$				
MONTHLY INCOME: Under \$50,000 <input type="checkbox"/> \$50,001-\$75,000 <input type="checkbox"/> \$75,001-\$100,000 <input type="checkbox"/> \$100,001-\$150,000 <input type="checkbox"/> \$150,001-\$200,000 <input type="checkbox"/> Over \$200,000 <input type="checkbox"/>						TOTAL: \$			
THIS APPLICATION WAS APPROVED									
EMERGENCY CONTACT:			PHONE:		DATE:	DD	MM	YYYY	
EMERGENCY CONTACT ADDRESS:			RELATIONSHIP:		PRESIDENT:				
TYPE OF REFERENCE: (CHOOSE TWO TYPES)						SECRETARY:			
(1) Member of CU for 2 years or more		(2) Minister of Religion		(3) Principal		(4) Attorney-at-Law		(5) Justice of the Peace (JP)	
(6) Medical Doctor		(1) CU Employee at Supervisory Level		(1) CU Board or committee member		(2) Police Officer (Inspector or Higher)			
1ST REFERENCE NAME:				PHONE:		REF. NO.			
ADDRESS:									
2ND REFERENCE NAME:				PHONE:		REF. NO.			
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: _____



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 (1):	RELATIONSHIP:	DATE OF BIRTH:	PROP. %:
ADDRESS:		CONTACT NUMBER:	

NAME (2):	RELATIONSHIP:	DATE OF BIRTH:	PROP. %:
ADDRESS:		CONTACT NUMBER:	

NAME (3):	RELATIONSHIP:	DATE OF BIRTH:	PROP. %:
ADDRESS:		CONTACT NUMBER:	

NAME (4):	RELATIONSHIP:	DATE OF BIRTH:	PROP. %:
ADDRESS:		CONTACT NUMBER:	

*PROP - 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 OF TRUSTEE (1):	RELATIONSHIP:	DATE OF BIRTH:	PROP. %:
ADDRESS:		CONTACT NUMBER:	

NAME OF TRUSTEE (2):	RELATIONSHIP:	DATE OF BIRTH:	PROP. %:
ADDRESS:		CONTACT NUMBER:	

NAME OF TRUSTEE (3):	RELATIONSHIP:	DATE OF BIRTH:	PROP. %:
ADDRESS OF NOMINEE:		CONTACT NUMBER:	

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: _____