

Account Type: Adult <input type="checkbox"/> Child <input type="checkbox"/>	 IECCU Membership Application Form	Date: (dd-mm-yyyy) <hr/> Account Number:
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SECTION A: MEMBER INFORMATION

Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>		Sex: Male <input type="checkbox"/> Female: <input type="checkbox"/>	
				Date of Birth: (dd-mm-yyyy)	T.R.N.:
First Name:	Middle Name:	Surname Name:		Maiden Name:	Alias:
Current Home Address: (Street)				Parish/City:	
Country:				Nationality:	
Mailing Address: (if different from above address)				Residential Status: Own <input type="checkbox"/> Rent <input type="checkbox"/>	Time at current Address:
				Other _____	Year(s) Month(s)
Parish/City:		Country:		Email (s):	
Previous Address:					
Number of Dependent(s):		Age of Dependent(s):		Telephone Number: (Home)	Telephone Number: (Cell)
D/License <input type="checkbox"/> Passport <input type="checkbox"/> National ID (Voters Card/Electoral Card/Citizenship Card) <input type="checkbox"/> Company <input type="checkbox"/> OR Certified Photo/School ID <input type="checkbox"/>					
ID Number: _____ Expiry Date: _____ Country Issued: _____					
Occupation/Job Title: (the terms "businessman/woman - manager" are not acceptable)				Full-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/>	
Current Employer/ School:			Telephone #:	Principal person if applicable:	
Address of Employer/School:			Email address:		
Parish/City:			Country:		
Nature of Business:			Date of Employment Attending School since: (dd/mm/yyyy)		
Monthly Income:			Expected Monthly Deposit:		
Any other Income:			Source of Funds:		
Are you related or connected to a Politically Exposed Person (P.E.P)? P.E.P. includes our head of state, all parliamentarians, senior officials of the major political parties, political appointees of state entities, senior civil servants, and the heads of the judiciary and security forces and, per the definition, their parents, spouses, children, in-laws, et al. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state name & office held: _____ Relationship: _____			Are you related to an employee or volunteer of the Credit Union? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state name of Person: _____ Relationship: _____		

Section B: Spouse's Information

First Name:	Middle Name:	Surname:
Address:		
Country:	Nationality:	TRN:
Home Number :	Mobile Number:	Email Address:
D/License <input type="checkbox"/> Passport <input type="checkbox"/> National ID (Voters Card/Electoral Card/Citizenship Card) <input type="checkbox"/>		
D Number: _____ Expiry Date: _____ Country Issued: _____		
Name of business/ Employer:	Nature of Business:	Date of Employment: (dd/mm/yyyy)
Address of Business/ Employer:		Telephone Number:

Section C: Parent/Guardian Information (Re: Child Account)

First Name:	Middle Name:	Surname:	
Home Address:			
Date of Birth: (dd/mm/yyyy)	T.R.N:	Nationality:	
Home Tel:	Mobile:	Email Address:	Relation:
Employer/ Business:	Telephone:		
Address of Employer/ Business:			
Nature of Business:		Date of Employment: (dd/mm/yyyy)	
Monthly Income:	Expected Monthly Deposit to account:		
Any Other Income:	Source of Funds:		

Section D: Next of Kin

First Name:	Middle Name:	Surname:	
Address:			
Home Tel:	Mobile:	Email Address:	Relation:
Current Employer:	Telephone:		
Address:			
Nature of Business:		Date of Employment: (dd/mm/yyyy)	

Section E: Citizen Information

Are you a citizen of the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a US Green Card Holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you born in the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a resident of the United States of American? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other country apart from Jamaica? Yes <input type="checkbox"/> No <input type="checkbox"/>
US Address Street:		
Street Address 2:	State:	

Section G: Obtaining Information:

I _____ hereby apply for membership at the Insurance Employees Co-operative Credit Union Limited and declare that the information provided herein is true and correct. I agree to be governed by the rules of the Credit Union as amended from time to time.

I authorize the credit union to verify all information provided and to obtain from anyone any additional information that may be required to process this application. It is my responsibility to inform the credit union of all changes as they affect my account status.

Name of Applicant: _____

Name of Parent/Guardian: (Child) _____

Signature of Applicant: _____

Signature of Parent/Guardian: (Child) _____

Witness Name: _____

Witness Name: _____

Signature of Witness: _____

Signature of Witness: _____

Name of person recommending applicant: _____

The Credit Union reserves the right to deny membership to anyone who provides incorrect or misleading information.

For Internal Use

Basis for Membership:

Employment

Related Member

Name of Member: _____ Relation: _____

References Verified by: Name _____ Signature _____ Date: _____

APPROVAL

This applicant was approved for membership and entered in the Minute Book at a Meeting of the Board of Directors held: _____

Member Account Number: _____

President/Chairman/Designate: _____ Secretary/Designate: _____

**NOMINATION FORM
(PURSUANT TO THE CO-OPERATIVES SOCIETIES ACT)**

Name of Society: The Insurance Employees Co-Operative Credit Union LTD

Full Name: _____ Account Number: _____

Address: _____ Occupation: _____

Hereby nominate the following as the only person(s) (none of them being an Officer or Servant of the Credit Union, unless such persons are 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 upon my death in such proportions as is set forth below opposite their respective names:

Full Name	Address	Relationship	Portion (%)

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

Full Name	Address	Relationship	Portion (%)

Where the Nomination is not intended to compromise the whole of the member's property in the Credit Union, the amount to be comprised in it, is to be specified. Any previous nomination made by me is hereby cancelled.

As Witness to my hand, this _____ day of _____ 20_____.

Signature of Member Making Nomination /Parent/Guardian: _____

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: _____