



JPS & PARTNERS
CO-OPERATIVE CREDIT UNION LTD.
Your Financial Partner For Life

65 3/4 Half Way Tree Road, Kingston 10



MEMBER APPLICATION FORM

Account Opening Documentation Checklist:

- Identification TRN/Social Security NO. (US Residents)/National Insurance NO. (UK Residents)
 2 References Proof of Address
 Proof of Employment/Source of Income (Self-Employed Persons)

PERSONAL DETAILS

Last Name		Middle Name	First Name
Title: <input type="checkbox"/> Mr. / <input type="checkbox"/> Mrs. / <input type="checkbox"/> Ms. / <input type="checkbox"/> Dr. / <input type="checkbox"/> Prof.		Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	Date
Marital Status: <input type="checkbox"/> Single / <input type="checkbox"/> Married / <input type="checkbox"/> Divorced / <input type="checkbox"/> Widowed		TRN	Maiden Name
Mother's Maiden Name	Alias(es)		Dependents
Home Address (Current)			
Home Address (Current)			
Home Address (Previous)			
Mailing Address (If different from above)			
Date of Birth (dd/mm/yyyy)		Place of Birth	
Country of Birth		Nationality	
<input type="checkbox"/> Employed / <input type="checkbox"/> Self Employed / <input type="checkbox"/> Retired / <input type="checkbox"/> Unemployed		Occupation	
Name of Employer/Business			
Address of Employer/ Business			

INCOME INFORMATION

Up to \$200,000.00 \$200,000.00 to \$500,000.00 \$500,000.00 to \$1M \$1M to \$3M Over \$3M

Additional Source of Funds	Expected Monthly Contributions/Savings
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CONTACT INFORMATION

Mobile (Work)	Mobile (Personal)	Work #
Home #	Fax (Work)	Email (Personal)
Email (Work)	Preferred Contact Time (am/pm)	

IDENTIFICATION

Driver's Licence # Passport # National ID # Other ID #

Date Issued	Expiry Date	Country Issued
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ACCOUNTS TO BE OPERATED INITIALLY (OFFICE USE ONLY)

Shares Account Special Deposit Fixed Deposit Life Long Other Source of Income:

STATEMENT & COMMUNICATION

Where do you want your correspondences or quarterly statement sent? I will collect Request via email By Post



REFERENCE FOR OPENING AN ACCOUNT (Reference 1)

Last Name	Middle Name	First Name
Name of Employer/Business:		
Work Address:		
Occupation:	Mobile Number:	Home Number: Office Number:
Questions (Please tick the appropriate box)		
1. Is the applicant known to you personally? 2. Is the applicant related to you? 3. Are you a member of the CU? 4. Do you consider him/her suitable to be an account holder? 5. How many years have you known the applicant? 6. Do you consider him/her to be trustworthy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Years _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other comments:		
_____ Signature of Referee		_____ Date

REFERENCE FOR OPENING AN ACCOUNT (Reference 2)

Last Name	Middle Name	First Name
Name of Employer/Business		
Work Address:		
Occupation:	Mobile Number:	Home Number: Office Number:
Questions (Please tick the appropriate box)		
1. Is the applicant known to you personally? 2. Is the applicant related to you? 3. Are you a member of the CU? 4. Do you consider him/her suitable to be an account holder? 5. How many years have you known the applicant? 6. Do you consider him/her to be trustworthy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Years _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other comments:		
_____ Signature of Referee		_____ Date

NOMINATION FORM

(PURSUANT TO "THE CO-OPERATIVE SOCIETIES LAW, CAP. 75 OF THE REVISED LAWS OF JAMAICA")

Name of Society _____

I, _____ a member of the above-named society, do hereby nominate the following as the only person or persons (none of them being an Officer or Servant of the Society, unless such person 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 Society, whether in Shares, Loans, Deposits or otherwise at my decease in such portions as is set forth below opposite their respective names:

Name	Relationship/Occupation	Address	Date of Birth	Proportions %	Contact Number

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

Name	Relationship/Occupation	Address	Date of Birth	Proportions %	Contact Number

(Where the nomination is not intended to compromise the whole of the member's property in the Society 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 _____.

_____	1. _____	_____
Signature of Member Making Nomination	Signature of Witness	Address
	2. _____	_____
	Signature of Witness	Address

MEMBERSHIP/SERVICE AGREEMENT:

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

I authorize the verification of the information provided from independent sources. I also authorize the Credit Union to share this information in accordance with all relevant laws and regulations inclusive but not limited to the Foreign Account Tax Compliance Act (FATCA).

I agree to update the information at the Credit Union if there are any changes.

_____	_____	_____
Name of Applicant	Signature of Applicant	Date

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



FOR INTERNAL USE ONLY

The applicant was interviewed by: Name _____ Signature _____ Date: _____

I certify that this application has been verified in accordance with the Credit Union's Know Your Member Policy and Procedures.

All information has been updated in the Credit Union's system.

Verification carried out by: Name _____ Signature _____ Date: _____

NOTES

Application received at CU on the _____ day of _____

Application approved based on recommendation of (tick as appropriate):

- A member of the Board of Directors
- A member of the subcommittee appointed by the Board
- The member recommending the applicant

The application was approved at a meeting of the Board of Directors, or the Subcommittee appointed by the Board held on _____ day of _____ and entered into the Minute Book/Credit Union Records.

President/Secretary/Asst Secretary/Board Member/Sub-Committee Chairperson