

ACCOUNT NUMBER _____



TreasureChest

ACCOUNT

...reap great benefits tomorrow

CHILD'S INFORMATION

1. **CHILD'S NAME:** _____
LAST NAME FIRST NAME MIDDLE NAME
2. DATE: _____ 3. DATE OF BIRTH: _____ 4. AGE: _____ 5. GENDER: M F
6. ADDRESS: _____

7. HOME #: _____ 8. CELLULAR #: _____ 9. TRN: _____
(If available)

PARENTS'/GUARDIANS' INFORMATION

10. **PARENT/GUARDIAN:** _____
LAST NAME FIRST NAME MIDDLE NAME
11. RELATIONSHIP TO CHILD: _____
12. ADDRESS: _____

13. HOME NUMBER: _____ 14. CELLULAR NUMBER: _____
15. E-MAIL: _____
16. HOW MUCH WOULD YOU LIKE TO SAVE EACH MONTH \$ _____ 17. TRN #: _____
18. SALARY INFORMATION: \$ MONTHLY \$ FORTNIGHTLY \$ WEEKLY
19. EMPLOYED BY: _____
20. ID TYPE
 DRIVER'S LICENSE: _____ PASSPORT: _____ NATIONAL ID: _____
21. **SPOUSE NAME:** _____
LAST NAME FIRST NAME MIDDLE NAME
22. EMPLOYED BY: _____
23. HOW LONG: _____ 23. HOME #: _____ 24. CELL: _____
23. ADDRESS: _____

NOMINATION FORM

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

NAME OF SOCIETY: _____

I, _____ on behalf of _____ 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 spouse, 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 _____

Signature of member making nomination	1. _____ Signature of Witness	Address
	2. _____ Signature of Witness	Address

MEMBERSHIP/SERVICE AGREEMENT:

I _____ hereby apply for membership for my child/ward in the youth savers programme 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
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