



ORGANISATION/BUSINESS MEMBERSHIP APPLICATION
PLEASE PRINT

Account No: ----- Date of Application

Name of Organisation/Business:

Address:

Office #:..... Mobile # Fax #

Type of Business: Date Established:.....

Registration/Certificate # E-mail:

Source of Funds

How has your wealth been accumulated? (please note that we may request further confirmation)

Income from Employment Investments & Savings Property Investments Other (please specify) _____

What is the source of your initial deposit? (please note that we may request further confirmation)

Income from Employment Investments & Savings Property Investments Other (please specify) _____

Please provide a brief description of the reason and purpose for establishing this account

Account Activity

Please indicate the anticipated total value of **Deposits** through the account monthly \$ _____

Please indicate the anticipated total value of **Withdrawals** through the account monthly \$ _____

Proof of your identity

In order to comply with our regulatory requirements, please supply us with any two (2) of the following documents. These must bear your signature and your photograph.

- Valid Passport (preferred)
- National Voter's Identification Card
- Driver's Licence
- Social Security Card
- Medical Benefits Card

The certified copy must clearly show the photograph, signature and expiry date.

A valid copy of the Certificate of Registration, a letter requesting permission to open the account, or a Certification of Incorporation.

In addition, we also require confirmation of your permanent residential address. This may be anyone of the following documents and should be an original and not more than 3 months old:

- A utility bill such as water, electricity, telephone, internet or cable
- A recognized bank or credit card statement

Please note that non-bank cards such as store cards, mobile telephone statements or addresses that feature “*Care of*” are **not** acceptable as confirmation of your residential address.

WE HEREBY MAKE APPLICATION FOR AN ACCOUNT WITH COMMUNITY FIRST CO-OPERATIVE CREDIT UNION AND AGREE TO CONFORM TO ITS RULES AND AMENDMENTS THEREOF. WE UNDERSTAND THAT EXCEPT IN THE CASE OF A CO-OPERATIVE WE CANNOT BORROW, PURCHASE SHARES OR VOTE AT AN ANNUAL GENERAL MEETING.

The following persons are signatories to this account [AT LEAST THREE (3) PERSONS]. Any two (2) persons can sign.

| NAME | ADDRESS | TELEPHONE | SIGNATURE |
|------|---------|-----------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

Witness to Signatories Witness to Signatories

This application was approved and entered in the Members’ Register on:day of 20.....

Signed by: President Signed by: Secretary

Herewith please find the sum of \$ being as follows:

| | |
|--------------|-----------------|
| Deposits | \$ |
| Entrance Fee | \$ |
| Pass Book | \$ |
| TOTAL | \$ |