



**MEMBER'S CHEQUING ACCOUNT APPLICATION FORM**

1. **Your details** To be completed by member (please use block capital throughout)  
Correspondence Address (only if different from home address)

**MEMBER (1)**

(Mr/Mrs/Ms/Other): \_\_\_\_\_ Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ P.O. Box: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Education: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Annual Income:\$ \_\_\_\_\_

**MEMBER (2)**

(Mr/Mrs/Ms/Other): \_\_\_\_\_ Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ P.O. Box: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Education: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Annual Income:\$ \_\_\_\_\_

Property Ownership: Yes \_\_\_\_\_ No \_\_\_\_\_

If retired, please state:

Previous occupation \_\_\_\_\_ Employers Name: \_\_\_\_\_

## 2. 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

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### 2.1 Account Activity

Please indicate the expected annual turnover of your account, i.e. the total value of transactions in and out of the account

Please indicate the anticipated total value of **Deposits** through the account over the next 12 months \$ \_\_\_\_\_

Please indicate the anticipated total value of **Withdrawals** through the account over the next 12 months \$ \_\_\_\_\_

Box Monies/Average amounts \_\_\_\_\_ Salary Range \$ \_\_\_\_\_

Other Sources \_\_\_\_\_ Amount \$ \_\_\_\_\_

Frequency of deposit: Weekly  Monthly  Intermittently

Frequency of withdrawals: Weekly  Monthly  Intermittently

Average amounts for each Deposit \_\_\_\_\_

Average amounts for each Withdrawal \_\_\_\_\_

Amount of opening Deposit: \$ \_\_\_\_\_ or Current Balance \$ \_\_\_\_\_

Source of funds: Cheque \_\_\_\_\_ Cash \_\_\_\_\_ Internal Transfer: \_\_\_\_\_

## 2.2 Proof of your identity

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

- A valid passport
- A national Voter's Identification card
- A valid driver's license

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

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
- Job letter for resident aliens is required

**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.**

## 3. Previous address details

If the applicant has not been present at his/her present residential address for more than 3 years, please provide us with the previous address below. (We may request confirmation of this address).

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## 4. Personal Account Mandate

To Community First Co-operative Credit Union

Customer Number Allocated:

(for credit union use only) \_\_\_\_\_

Name of account to which this Mandate relates:

\_\_\_\_\_ "the account holder(s)"

The Credit Union is hereby requested and authorized until it receives written notice to the contrary:

- To open and/or continue an account in my/our name(s) as detailed above and to open such further accounts as I/we may direct or as may be necessary from transacting of my credit union business with you from time to time.

- To honour any instruction authorizing payment from, or relating to the conduct of the account when signed as detailed below notwithstanding that any such payment, if permitted by ourselves, may cause the account to become overdrawn or cause an existing overdraft to be increased, solely at the credit union's discretion.
- To transfer from time to time if considered appropriate by you, sufficient funds to ensure that my account with you remain in credit, and to debit any other account maintained in my name notwithstanding that such accounts may be on fixed term deposit or subject to other terms and conditions.
- The authority is to remain in force until I/We have expressly revoked it by a notice in writing delivered to you at the above mentioned branch.

**Signing Instructions:**

I/We confirm that all the information given on this form is true and that we have received a copy of your terms and conditions which apply to the account and I/We acknowledge its contents.

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**SIGNATURE OF APPLICANT(S)**

Date: \_\_\_\_\_

From time to time, we would like to tell you about other products and services available from Community First Co-operative Credit Union Limited which might be of interest to you. If you do not want us to do this please tick this box.

**OFFICIAL USE ONLY**

**Witness to Signature:** \_\_\_\_\_

**Application Approved by:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_