



COMMUNITY FIRST CO-OPERATIVE CREDIT UNION LTD
REACTIVATION / CLOSURE OF ACCOUNT

Account No:.....

Date:.....

Applicant (1) (Mr/Ms/Mrs/Other) (M.... F....)
Name Middle Surname.....
Address:.....
Parish/City.....Country.....
Previous Address if less than three (3) years
Date of Birth:(DD).....(MM)(YY)
Country of Birth..... Nationality
E-mail:
Phone # (H)..... Mobile #..... Work #
Employer's Name:.....
Self-employed – Name of Business
Occupation:.....
Passport #SS#..... Other#.....

How has your wealth been accumulated?
Income from Employment [] Investments & Savings [] Property Investments [] Other []

Source of your initial deposit?
Income from Employment [] Investments & Savings [] Property Investments [] Other []

Anticipated total value through the account over the next 12 months
Deposits \$ Withdrawals \$
Frequency of deposit : Weekly [] Monthly [] Intermittently []
Frequency of withdrawal : Weekly [] Monthly [] Intermittently []
Average amounts for Deposit \$ Withdrawal \$

Applicant (2) (Mr/Ms/Mrs/Other) (M.... F....)
Name.....Middle.....Surname.....
Address:.....
Parish/City.....Country.....
Previous Address if less than three (3) years
Date of Birth:(DD)(MM)(YY)
Country of Birth..... Nationality
E-mail:
Phone # (H)..... Mobile #..... Work #
Employer's Name:.....
Self-employed – Name of Business
Occupation:.....
Passport #.....SS#..... Other#.....

How has your wealth been accumulated?
Income from Employment [] Investments & Savings [] Property Investments [] Other []

Source of your initial deposit?
Income from Employment [] Investments & Savings [] Property Investments [] Other []

Anticipated total value through the account over the next 12 months
Deposits \$ Withdrawals \$
Frequency of deposit: Weekly [] Monthly [] Intermittently []
Frequency of withdrawal: Weekly [] Monthly [] Intermittently []

Average amounts for Deposit \$ _____ Withdrawal \$ _____

I /We wish to **reactivate** **close** **my/our** account with Community First Co-operative Credit Union effective

Reason(s) for Closure:

- Financial Challenges
- Unemployed
- Leaving the Country/Residing Overseas
- Other _____

I/We wish to apply for a Chequing Account ATM Card

I/We wish to request the following alert(s): Payroll ATM

Type of Joint Account: (Please tick)

Joint Tenancy Tenancy in Common

.....
(Signature of Member)

.....
(Signature of Member)

.....
(Supervisor)

**Teller
Stamp**