



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

**Account No:**.....

**Date:**.....

Name of Business/Organisation .....

Address .....

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

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

Registration/Certificate # ..... E-mail: .....

**I/We wish to Reactivate** ☐ **Close** ☐ **my/our** account with Community First Co-operative Credit Union effective .....

**Source of Funds**

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

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

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

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

## 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 \$ \_\_\_\_\_

### Reason(s) for Closure:

1. ....
2. ....
3. ....
4. ....

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

NAME	ADDRESS	PHONE (HOME)	MOBILE	SIGNATURE

.....  
(Supervisor)

<b>Teller Stamp</b>
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