

ANTILLES EMPLOYEES' CREDIT UNION
(CO-OPERATIVE) SOCIETY LTD.



APPLICATION FOR MEMBERSHIP

(PLEASE TYPE OR COMPLETE IN BLOCK LETTERS)

Surname: _____ Mr Mrs Ms

First Name: _____ Middle Name: _____ Alias: _____

Home Address: _____

Home Phone No: _____

E-Mail Address _____ Mobile Phone No: _____

Mailing Address: _____

Date of Birth: ___/___/___ (DD/MM/YY) Place of Birth: _____ Gender: M F

ID Card No: _____ Driver's Permit: _____ Passport: _____ Nationality: _____

Marital Status: Single Married Divorced Common Law Separated

If Male: Wife's Maiden Name: _____

If Female: Husband's Full Name: _____

Which of the following comes closest to your Monthly Income

- Under \$5,000 per mth \$30,001- \$50,000 per mth
 \$5,001- \$10,000 per mth \$50,001- \$75,000 per mth
 \$10,001-\$20,000 per mth Over \$75,001 per mth
 \$20,001- \$30,000 per mth

Highest completed level of Education

- Primary
 Secondary
 Vocational
 Tertiary

Are You A Politically Exposed Person? Yes No Reason for Membership: _____

Employer: _____ Occupation: _____

Employer Address: _____ Work Phone No: _____

Status: Permanent Temporary Contract Self Employed Length of Service _____

How Paid: Monthly Fortnightly Weekly Other _____

RECOMMENDED BY (NAME) _____ **Signature:** _____

Account No: _____ Phone No: _____ ID/DP/PP _____

Recommender must be a member of Antilles Employees' Credit Union (Co-operative) Society Limited in good standing.

NOMINATION/BENEFICIARY

NAME	RELATIONSHIP	ADDRESS	ID

APPLICANT'S DECLARATION:

I hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform to the Rules and Amendments thereof.

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

