

# ST. PATRICK'S CO-OPERATIVE CREDIT UNION LTD

P.O. BOX 337, BRADES, MONTSERRAT

Tel (664) 491.3666 Fax (664) 491-6566 Email: info@spccu.ms

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

(Please write in block capitals)

Date of Application \_\_\_\_\_ Account Number \_\_\_\_\_

Applicant's Name 1 \_\_\_\_\_  
(former names and aliases)

2 \_\_\_\_\_

Signature of Applicant 1 \_\_\_\_\_

2 \_\_\_\_\_

Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country of Legal Residence \_\_\_\_\_

ID Type \_\_\_\_\_ ID Number \_\_\_\_\_

Country of Issue \_\_\_\_\_ Expiry Date \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation/Profession \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_ Approved by \_\_\_\_\_  
*Customer Service Officer* *Customer Service Manager*

Recorded in Register of Members \_\_\_\_\_

# ST. PATRICK'S CO-OPERATIVE CREDIT UNION LTD

## APPOINTMENT OF NOMINEE

In accordance with Section 100 of the Co-operative Societies Act, 2003, I/We hereby nominate the following person(s) to whom or to whose credit the shares, deposits or interest or the value of such shares, deposits or interest held by me/us in the said Society shall in the event of my death/the dissolution of the Credit Union be paid or transferred in the proportions respectively shown hereunder.

NOMINEE(S)	ADDRESS	PROPORTION TO BE PAID OR TRANSFERRED

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Attesting Witnesses 1 \_\_\_\_\_ Date \_\_\_\_\_

2 \_\_\_\_\_ Date \_\_\_\_\_