MEMBER APPLICATION FORM (dd-mon-yyyy)

Date:

Adult ☐ C.A.R.E.S. ☐ Agent ☐ Member No:

PERSONAL INFORMATION

Title: Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Other ☐ | Alias | Male☐ Female ☐

First Name Middle Name Last Name | Maiden Name: | Date of Birth (dd-mon-yyyy)

Present Home Address (Street) | City/Town/District | Marital Status: Single☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Parish/Postal Zone/Zip Code | Country | Residential Status Own ☐ Rent☐ Other☐ | Time at this Address Yrs. Months

Mailing Address if Different from Above (Street) | Tel. No. (HOME) | Tel. No. (CELL)

City/Town/District | P.O. Box/Postal Zone/Zip Code | Tel. No. (FAX) | Taxpayer Registration No. (TRN)

Parish | Country | Place of Birth: | Nationality:

Previous Home Address (Street) | City/Town/District | ID Type: Passport ☐ D/License ☐ National ID ☐ ID# Expiry Date:

Parish/Postal Zone/Zip Code | Country | Source of Funds: | Purpose of Account

Email Address | No. of Dependents

C.A.R.E.S Name of Parent/Guardian | Relationship | C.A.R.E.S Occupation of Parent/Guardian | C.A.R.E.S Tel. No of Parent/Guardian

EMPLOYMENT STATUS and INFORMATION:

Occupation/Job Title | Full time ☐ Part time ☐ Retired ☐ Seasonal ☐ Unemployed ☐ Student ☐ Self Employed ☐ Nature of Business if self employed

The terms "businessman/businesswoman/manager" are not acceptable.

Are you entrusted with a prominent public position such as that of a senior government official, senior politician or military? Yes☐ No ☐

Are you immediately related to or closely associated with any person in any of the above mentioned positions? Yes☐ No ☐

If yes explain:_____

Name of Employer/Business/School | Telephone No. | Employed Since (dd-mm-yyyy)

Employer/Business/School Address | Planned Deposit Amount

City/Town/District | P.O. Box/Postal Zone/Zip Code | Monthly $ | Fortnightly $ | Weekly $

Parish | Country | Actual Yearly Salary | Currency

CLOSING YOUR ACCOUNT

COK may at any time close your account upon giving five (5) days written notice of such intention to close, or such additional time as COK in its discretion deems reasonable for the making of alternative arrangements. At any time after the expiration of the notice period COK may, at the risk of the Member, forward by ordinary mail to the member's address on record, a cheque for the balance of funds, if any, less charges and appropriate set-offs. COK is not obliged to provide a reason for closing the account. Any item drawn or presented for payment or deposit on the account subsequent to such notice of closure may be declined by COK and returned to the Member.

FAMILY INFORMATION - SPOUSE

Mr. ☐ Miss ☐ Mrs. ☐ Other ☐ First Name Middle Name Last Name | Date of Birth (dd-mon-yyyy) | A/c # if Member of COK

Present Home Address (Street) | Tel. No (HOME) | Tel. No. (Work)

City/Town/District | P.O. Box/Postal Zone/Zip Code | Tel. No. (CELL) | Tel. No. (FAX)

Parish | Country | Email Address

Employment Status Full time ☐ Part time ☐ Retired ☐ Self Employed ☐ Seasonal ☐ Unemployed ☐ Student ☐ | Nature of Business if self employed

Name of Employer/Business | Telephone No. | Employed since (dd-mon-yyyy)

Address of Employer/Business | Occupation/Job Title

The terms "businessman/businesswoman" are not acceptable

City/Town/District | P.O. Box/Postal Zone/Zip Code

Parish | Country | Actual Yearly Salary | Currency

HOW ELSE CAN WE CONTACT YOU (Name and Address of Nearest Relative Not Living with You

Mr. ☐ Miss ☐ Mrs. ☐ Other ☐ First Name Middle Name Last Name | Occupation/Job Title
The terms "businessman/businesswoman/manager" are not acceptable

Present Home Address | Tel. No. (HOME) | Tel. No. (Work)

City/Town/District | P.O. Box/Postal Zone/Zip Code | Tel. No. (CELL) | Tel. No. (FAX)

Parish | Country | Email Address

NAME AND ADDRESSES OF REFERENCES

Mr. ☐ Miss ☐ Mrs. ☐ Other ☐ First Name Middle Name Last Name | Occupation/Job Title
The terms "businessman/businesswoman/manager" are not acceptable

Present Home Address | Tel. No. (HOME) | Tel. No. (Work)

City/Town/District | P.O. Box/Postal Zone/Zip Code | Tel. No. (CELL) | Tel. No. (FAX)

Parish | Country | Email Address

Mr. ☐ Miss ☐ Mrs. ☐ Other ☐ First Name Middle Name Last Name | Occupation/Job Title
The terms "businessman/businesswoman/manager" are not acceptable

Present Home Address | Tel. No. (HOME) | Tel. No. (Work)

City/Town/District | P.O. Box/Postal Zone/Zip Code | Tel. No. (CELL) | Tel. No. (FAX)

Parish | Country | Email Address

FINANCIAL PRODUCTS THAT YOU CURRENTLY HAVE/USE, WILL NEED IN THE FUTURE AND APPROXIMATELY WHEN YOU WILL NEED THEM (Tick all that apply and specify time)

	Have	Need	When		Have	Need	When		Have	Need	When		Have	Need	When
Share A/C	☐	☐	_____	Mortgage	☐	☐	_____	Local Credit Card	☐	☐	____	Pension Plan	☐	☐	_____
Savings A/C	☐	☐	_____	Home Improvement	☐	☐	_____	International Credit Card	☐	☐	____	Health Insurance	☐	☐	_____
Current A/C	☐	☐	_____	Loan								Life Insurance	☐	☐	_____
Fixed Deposit A/C	☐	☐	_____	Automobile	☐	☐	_____	ATM Access Card	☐	☐	___				
								Money Transfer	☐	☐	____	Burial Insurance	☐	☐	_____
Standing Order	☐	☐	_____	Education Loan	☐	☐	_____	Cambio	☐	☐	_____	Legal Services	☐	☐	_____
Golden Harvest	☐	☐	_____	Personal Loan	☐	☐	_____								

HOW DID YOU BECOME AWARE OF COK Sodality

TV Ad ☐ Radio Ad ☐
Newspaper Ad ☐ Bill Board ☐
Poster ☐ Ad On a Bus ☐
A Teacher ☐ Liaison Officer ☐
A COK Representative ☐
Parent ☐ Guardian ☐
Other Relative ☐ Friend ☐
Mall Promotion ☐ Expo ☐
Other ☐ _____ (Specify)

REASON FOR JOINING

To Save ☐
To Get A Loan ☐
To Access a COK Product/Service ☐
Their Safety and Soundness ☐
Their Reputation ☐

WHO REFERRED YOU

A COK Member ☐
A Friend ☐ Relative ☐
A Teacher ☐ Liaison Officer ☐
Other ☐ _____ (Specify)

I _____ the undersigned confirm that the information herein provided is true and correct. I authorize **COK SODALITY CO-OP CREDIT UNION LTD**. to verify all information and to obtain from any one any additional information that may be required to process this application. I hereby apply for membership in the **COK SODALITY CO-OP CREDIT UNION LTD**. and agree to conform to the rules and amendments thereof and subscribe to at least one share. It is my responsibility to inform the Credit Union of all changes as they affect my member account status.

Signature of Applicant_____ Witness to signature of Applicant_____

Name of person Recommending Applicant _____Name and Signature of Parent/Guardian (CARES) _____

Name and Signature of Director Recommending Applicant_____
This applicant was approved and entered in the Minute Book at a Meeting of the Board of Directors held _____
President_____ Secretary_____ Herewith please find the sum of $_____ being as follows.

Permanent Shares	$_____
Voluntary Shares	$_____
Entrance Fee	$_____
Book of Rules	$_____
Identification Card	$_____
Total	$_____

Kindly submit proof of your address. This can be in the form of an original recent utility bill (JPS, NWC, Telephone etc), letter from a bank or other financial institution (bank, credit card statement or motor vehicle renewal notice) or correspondence from the Government of Jamaica or similar organization.