


|  |  |  |                     |   |
|--|--|--|---------------------|---|
| <br><b>CO-OPERATIVE CREDIT UNION LTD.</b><br><i>Invest in your future today!</i>  | <b>MEMBER APPLICATION FORM</b>                                     |  | Date: (dd-mon-yyyy) |   |
|  | Adult <input type="checkbox"/> C.A.R.E.S. <input type="checkbox"/> |  | Member No:          |   |
| <b>PERSONAL INFORMATION</b>  |  |  |                     |   |
| Mr. <input type="checkbox"/> Miss <input type="checkbox"/> First Name    Middle Name    Last Name  |  | Alias                                      | Maiden              | Male <input type="checkbox"/><br>Female <input type="checkbox"/>  |
| Mrs. <input type="checkbox"/> Other <input type="checkbox"/>   |  |  |                     |   |
| Present Home Address (Street)  |  | Date of Birth (dd-mon-yyyy)                |                     | Single <input type="checkbox"/> Divorced <input type="checkbox"/><br>Married <input type="checkbox"/> widowed <input type="checkbox"/>  |
| City/Town/District   |  | P.O. Box/Postal Zone/Zip Code              |                     | Residential Status<br>Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>   |
| Parish   |  | Country                                    |                     | Time at this Address<br>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)  |
| Parish   |  | Country                                    |                     | TRN Number  |
| Previous Home Address (Street)   |  | No. of Children                            |                     | No. of Dependents   |
| City/Town/District   |  | P.O. Box/Postal Zone/Zip Code              |                     | Parish  |
| C.A.R.E.S<br>Name of Parent/Guardian                      Relationship   |  | C.A.R.E.S<br>Occupation of Parent/Guardian |                     | C.A.R.E.S<br>Tel. No of Parent/Guardian   |
| City/Town/District   |  | P.O. Box/Postal Zone/Zip Code              |                     | Country   |
| Parish   |  | Country                                    |                     | ID Type & No.<br>Passport <input type="checkbox"/> D/License <input type="checkbox"/> National ID <input type="checkbox"/>  |
| Employment Status    Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/><br>Self Employed <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> |  | Occupation/Job Title                       |                     |   |
| Name of Employer/School  |  | Telephone No.                              |                     | Employed Since<br>(dd-mm-yyyy)  |
| Employer/School Address  |  | <u>Actual Monthly Salary</u>               |                     |   |
| City/Town/District   |  | P.O. Box/Postal Zone/Zip Code              |                     | \$0 - \$10,000 <input type="checkbox"/> \$60,000 - \$80,000 <input type="checkbox"/> \$200,001 - \$250,'s<br>\$10,0001 - \$20,000 <input type="checkbox"/> \$80,001 - \$100,000 <input type="checkbox"/> <input type="checkbox"/><br>\$20,001 - \$40,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> More than \$300,'s<br>\$40,001 - \$60,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> <input type="checkbox"/> |
| Parish   |  | Country                                    |                     | Actual Yearly Salary    Currency  |
| <b>FAMILY INFORMAION - SPOUSE</b>  |  |  |                     |   |
| Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> First Name    Middle Name    Last Name   |  | Date of Birth (dd-mon-yyyy)                |                     | A/c # if Member of COK  |
| Mrs. <input type="checkbox"/> Other <input type="checkbox"/>   |  |  |                     |   |
| Present Home Address (Street)  |  | Tel. No (HOME)                             |                     | Tel. No. (Work)   |
| City/Town/District   |  | P.O. Box/Postal Zone/Zip Code              |                     | Tel. No. (CELL)   |
| Parish   |  | Country                                    |                     | Tel. No. (FAX)  |
| Employment Status    Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/><br>Self Employed <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> |  | Occupation/Job Title                       |                     |   |
| Name of Employer   |  | Telephone No.                              |                     | Employed since<br>(dd-mon-yyyy)   |
| Employer Address   |  | <u>Actual Monthly Salary</u>               |                     |   |
| City/Town/District   |  | P.O. Box/Postal Zone/Zip Code              |                     | \$0 - \$10,000 <input type="checkbox"/> \$60,000 - \$80,000 <input type="checkbox"/> \$200,001 - \$250,'s<br>\$10,0001 - \$20,000 <input type="checkbox"/> \$80,001 - \$100,000 <input type="checkbox"/> <input type="checkbox"/><br>\$20,001 - \$40,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> More than \$300,'s<br>\$40,001 - \$60,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> <input type="checkbox"/> |
| Parish   |  | Country                                    |                     | Actual Yearly Salary    Currency  |
| <b>HOW ELSE CAN WE CONTACT YOU (Name and Address of Nearest Relative Not Living with You</b>   |  |  |                     |   |
| Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> First Name    Middle Name    Last Name   |  | Occupation/Job Title                       |                     |   |
| Mrs. <input type="checkbox"/> Other <input type="checkbox"/>   |  |  |                     |   |
| Present Home Address   |  | Tel. No. (HOME)                            |                     | Tel. No. (Work)   |
| City/Town/District   |  | P.O. Box/Postal Zone/Zip Code              |                     | Tel. No. (CELL)   |
| Parish   |  | Country                                    |                     | Tel. No. (FAX)  |
| Employment Status    Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/><br>Self Employed <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> |  | Occupation/Job Title                       |                     |   |
| Name of Employer   |  | Telephone No.                              |                     | Employed since<br>(dd-mon-yyyy)   |
| Employer Address   |  | <u>Actual Monthly Salary</u>               |                     |   |
| City/Town/District   |  | P.O. Box/Postal Zone/Zip Code              |                     | \$0 - \$10,000 <input type="checkbox"/> \$60,000 - \$80,000 <input type="checkbox"/> \$200,001 - \$250,'s<br>\$10,0001 - \$20,000 <input type="checkbox"/> \$80,001 - \$100,000 <input type="checkbox"/> <input type="checkbox"/><br>\$20,001 - \$40,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> More than \$300,'s<br>\$40,001 - \$60,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> <input type="checkbox"/> |
| Parish   |  | Country                                    |                     | Actual Yearly Salary    Currency  |

| <b>NAME AND ADDRESSES OF REFERENCES</b>  |  |   |   |  |  |  |  |   |   |  |  |
|--|--|---|---|--|--|--|--|---|---|--|--|
| Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> First Name    Middle Name    Last Name<br>Mrs. <input type="checkbox"/> Other <input type="checkbox"/>   |  |   |   |  |  | Occupation/Job Title   |  |   |   |  |  |
| 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  |  |   |   |  |  |
| Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> First Name    Middle Name    Last Name<br>Mrs. <input type="checkbox"/> Other <input type="checkbox"/>   |  |   |   |  |  | Occupation/Job Title   |  |   |   |  |  |
| 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  |  |   |   |  |  |
| <b>WHAT PROMPTED YOU TO JOIN C.O.K</b>   |  |   |   |  |  |  |  |   |   |  |  |
| <b>PREFERRED LOCAL TELEVISION STATION</b>  |  |   |   | <b>PREFERRED LOCAL RADIO STATION</b>   |  |  |  | <b>PREFERRED LOCAL NEWSPAPER</b>          |   |  |  |
| <b>PREFERRED PROGRAMME ON TELEVISION STATION</b>   |  |   |   | <b>PREFERRED PROGRAMME ON THE RADIO</b>  |  |  |  | <b>PREFERRED SECTION OF THE NEWSPAPER</b> |   |  |  |
| <b>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)</b>  |  |   |   |  |  |  |  |   |   |  |  |
| Share A/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Savings A/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Current A/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Fixed Deposit A/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Standing Order <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Golden Harvest <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |   | Mortgage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Home Improvement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Automobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Education Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Personal Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |  | Local Credit Card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>International Credit Card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>ATM Access Card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Money Transfer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Cambio <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |   | Pension Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Health Insurance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Life Insurance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Burial Insurance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Legal Services <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |  |
| <b>HOW DID YOU BECOME AWARE OF COK</b>   |  |   |   |  |  | <b>WHAT IS YOUR PREFERRED MEDIA</b>  |  |   |   |  |  |
| TV Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/><br>Newspaper Ad <input type="checkbox"/> Bill Board <input type="checkbox"/><br>Poster <input type="checkbox"/> Ad On a Bus <input type="checkbox"/><br>A Teacher <input type="checkbox"/> Liaison Officer <input type="checkbox"/><br>A COK Representative <input type="checkbox"/>  |  | Parent <input type="checkbox"/> Guardian <input type="checkbox"/><br>Other Relative <input type="checkbox"/> Friend <input type="checkbox"/><br>Mall Promotion <input type="checkbox"/> Expo <input type="checkbox"/><br>Other <input type="checkbox"/> |   | To Save <input type="checkbox"/><br>To Get A Loan <input type="checkbox"/><br>To Access a COK Product/Service <input type="checkbox"/><br>Their Safety and Soundness <input type="checkbox"/><br>Their Reputation <input type="checkbox"/> |  |  | A COK Member <input type="checkbox"/><br>A Friend <input type="checkbox"/> Relative <input type="checkbox"/><br>A Teacher <input type="checkbox"/> Liaison Officer <input type="checkbox"/><br>Other <input type="checkbox"/> _____<br>(Specify) |   |   |  |  |

I hereby apply for membership in the **CITY OF KINGSTON CO-OP CREDIT UNION LTD.** and agree to conform to the rules and amendments thereof and subscribe at least one share.

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.

Shares            \$ \_\_\_\_\_  
 Entrance Fee    \$ \_\_\_\_\_  
 Pass Book        \$ \_\_\_\_\_  
 Book of Rules    \$ \_\_\_\_\_  
 Total              \$ \_\_\_\_\_