



ACCOUNT #:

Deposit Account Application

GROUP/ORGANISATION/BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

DATE OF INCORPORATION: _____

PROPRIETOR/ MANAGER / OWNER: _____

PASSPORT#: _____ ID#: _____ NIC#: _____ DR. LIC#: _____

TEL#: HOME: _____ WORK: _____ CEL. : _____

OCCUPATION: : _____ PLACE OF WORK: : _____

WE/ I, _____ hereby make application for membership of the Choiseul Co- Operative Credit Union Limited and we agree to confirm to the Bye –laws thereof, and to the Co Operative Societies Act and Rules and any amendments thereof.

We already belong to the following co –operative societies: _____

SIGNATURE OF DEPOSITOR(S): _____

DATE: _____

DATE: _____

DATE: _____

DATE: _____

WITNESSED BY _____

DATE: _____

FEES: ENTRANCE FEE \$5.00

PASSBOOK FEE \$5.00

SECRETARY _____
BOARD OF DIRECTORS

DATE _____

SIGNATORY TO ACCOUNT (1)

POSITION: _____

NAME _____

HOME ADDRESS _____

MAILING ADDRESS (if different) _____

DATE OF BIRTH: _____ MARITAL STATUS: _____ SEX: _____

PASSPORT#: _____ ID#: _____ NIC#: _____ DR. LIC#: _____

TEL#: HOME: _____ WORK: _____ CELL: : _____

OCCUPATION: : _____ PLACE OF WORK: : _____

SIGNATORY TO ACCOUNT (2)

POSITION: _____

NAME _____

HOME ADDRESS _____

MAILING ADDRESS (if different) _____

DATE OF BIRTH: _____ MARITAL STATUS: _____ SEX: _____

PASSPORT#: _____ ID#: _____ NIC#: _____ DR. LIC#: _____

TEL#: HOME: _____ WORK: _____ CELL: : _____

OCCUPATION: : _____ PLACE OF WORK: : _____

SIGNATORY TO ACCOUNT (3)

POSITION: _____

NAME _____

HOME ADDRESS _____

MAILING ADDRESS (if different) _____

DATE OF BIRTH: _____ MARITAL STATUS: _____ SEX: _____

PASSPORT#: _____ ID#: _____ NIC#: _____ DR. LIC#: _____

TEL#: HOME: _____ WORK: _____ CELL: : _____

OCCUPATION: : _____ PLACE OF WORK: : _____

SIGNATORY TO ACCOUNT (4)

POSITION: _____

NAME _____

HOME ADDRESS _____

MAILING ADDRESS (if different) _____

DATE OF BIRTH: _____ MARITAL STATUS: _____ SEX: _____

PASSPORT#: _____ ID#: _____ NIC#: _____ DR. LIC#: _____

TEL#: HOME: _____ WORK: _____ CELL: : _____

OCCUPATION: : _____ PLACE OF WORK: : _____

FOR OFFICIAL USE ONLY

Approved by Committee of Management

DATE: _____

Approved by general Meeting

DATE: _____

Enrolled as a Probationer

DATE: _____

Enrolled as a Member

DATE: _____

SECRETARY
BOARD OF DIRECTORS

DATE: _____

SUPERVISORY COMMITTEE

DATE: _____