

GRAND BAY CO-OPERATIVE CREDIT UNION

MEMBERSHIP APPLICATION FORM

ACCOUNT NUMBER _____ **ACCOUNT TYPE** _____ **STAFF ID** _____

PERSONAL INFORMATION

Surname: _____ First name: _____

Middle Name: _____ Alias: _____

Male: _____ Female: _____ Date of Birth: _____ / _____ / _____
DD MM YYYY

IDENTIFICATION

Social Security Passport Driver's License National ID

ID Number _____ Country _____

ID Number _____ Country _____

Nationality: _____ Dual Nationality Yes No

Tax Identification number (TIN)(American citizens) _____

Address: _____

Tele: _____ Email address: _____

Marital Status: Single Married Cohabiting Divorced Widowed

Number of Dependents:

INCOME /EMPLOYMENT DETAILS

Which of the following best describes your occupation? (Please tick one box only)

Employed full time Employed part time Self Employed Retired

Unemployed House person Student Minor Pensioner

Employer Name: _____

Employer Address: _____

Business Tel: _____ Job Title: _____

Nature of the business if self employed _____

Time with this employer/self-employed: Years _____ Months _____

Monthly Income range: \$0-\$500 \$501-\$1000 \$1001-2000 \$2001-\$3500

\$3501-\$4500 Over \$4500 Other Income \$ _____

Specify source _____ Estimated monthly deposit \$ _____

BENEFICIARY NOMINATION

In the event of your death, who do you nominate as your beneficiary to receive any and all sums of money standing to the credit of your shares or deposits account or paid under and by virtue of terms and conditions of the Life Insurance Contract, Life Savings Plan of CUNA Mutual Insurance Society to the said Credit Union?

- 1. _____ Relationship _____ D.O.B _____
- 2. _____ Relationship _____ D.O.B _____
- 3. _____ Relationship _____ D.O.B _____
- 4. _____ Relationship _____ D.O.B _____

BENEFICIARY INFORMATION

- #1. Address _____ Tele _____ Allotted % _____
- #2. Address _____ Tele _____ Allotted % _____
- #3. Address _____ Tele _____ Allotted % _____
- #4. Address _____ Tele _____ Allotted % _____

Your signature: _____ Date: _____

Witness name: _____ Signature: _____

Witness name: _____ Signature: _____

Signature Sample

FOR OFFICIAL USE ONLY

Account # _____ Date opened ____/____/____

Risk: High Medium: Low: PEP

Approved by: _____ Date: ____/____/____