

GRAND BAY CO-OPERATIVE CREDIT UNION

MEMBERSHIP APPLICATION FORM

ACCOUNT NUMBER _____ **ACCOUNT TYPE** _____

PERSONAL INFORMATION

First name _____ Surname _____
Middle Name _____ Alias (if any) _____
Male: _____ Female: _____ Date of Birth: _____ / _____ / _____
DD MM YYYY

IDENTIFICATION

Social Security Passport Driver's License National ID
ID Number _____ Country _____
ID Number _____ Country _____
Place of Birth _____ Nationality _____
Dual Nationality Yes No Tax ID Number _____
Address _____

Tel: _____ 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 \$4501- \$5500 over \$5500 Other Income \$ _____

Source of funds to be deposited _____ 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 _____
- 5. _____ Relationship _____ D.O. B _____

BENEFICIARY INFORMATION

- #1. Address _____ Tele _____ Allotted % _____
- #2. Address _____ Tele _____ Allotted % _____
- #3. Address _____ Tele _____ Allotted % _____
- #4. Address _____ Tele _____ Allotted % _____
- #5. 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: ____/____/____