



COMMUNITY FIRST CO-OPERATIVE CREDIT UNION LTD
ORGANISATION REACTIVATION / CLOSURE OF ACCOUNT

Account No:.....

Date:.....

Name of Business/Organisation .....

Address .....

Office #:..... Mobile # ..... Fax # .....

Type of Business ..... Date Established:.....

Registration/Certificate # ..... E-mail: .....

I/We wish to Reactivate [ ] Close [ ] my/our account with Community First Co-operative Credit Union effective .....

Source of Funds

How has your wealth been accumulated? (please note that we may request further confirmation)

Income from [ ] Investments [ ] Property [ ] Other [ ] (please specify) \_\_\_\_\_
Employment [ ] & Savings [ ] Investments [ ]

What is the source of your initial deposit? (please note that we may request further confirmation)

Income from [ ] Investments [ ] Property [ ] Other [ ] (please specify) \_\_\_\_\_
Employment [ ] & Savings [ ] Investments [ ]

**Account Activity**

Please indicate the anticipated total value of **Deposits** through the account monthly \$ \_\_\_\_\_

Please indicate the anticipated total value of **Withdrawals** through the account monthly \$ \_\_\_\_\_

The following person(s) are signatories to this account [AT LEAST THREE (3) PERSONS]. Any two (2) person(s) can sign.

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE (HOME)</b>	<b>MOBILE</b>	<b>SIGNATURE</b>

.....  
(Supervisor)

**Teller  
Stamp**