



ORGANISATION CHEQUING ACCOUNT APPLICATION FORM

1. Your details To be completed by member (please use block capital throughout)
Correspondence Address (only if different from home address)

ORGANISATION

Name: _____

Address: _____

_____ P.O. Box: _____

Date of Registration: _____ Registration #: _____

Nature of Business: _____

Name of Proprietor(s) _____

Office No: _____ Fax No: _____

Mobile No: _____ E-mail: _____

Annual Income: \$ _____

Property Ownership: Yes/No

2 Source of Funds

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

Income from Employment
 Investments & Savings
 Property Investments
 Other (please specify) _____

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

Income from Employment
 Investments & Savings
 Property Investments
 Other (please specify) _____

Please provide a brief description of the reason and purpose for establishing this account

2.1 Account Activity

Please indicate the expected annual turnover of your account, i.e. the total value of transactions in and out of the account

Please indicate the anticipated total value of **Deposits** through the account over the next 12 months
\$ _____

Please indicate the anticipated total value of **Withdrawals** through the account over the next 12 months
\$ _____

Other Sources _____ Amount \$ _____

Salary Range \$ _____

Frequency of deposits: Weekly Monthly Intermittently

Frequency of withdrawals: Weekly Monthly Intermittently

Average amounts for each Deposit _____

Average amounts for each Withdrawal _____

Amount of opening Deposit: \$ _____ or Current Balance \$ _____

Source of Funds: Cheque _____ Cash _____ Internal Transfer: _____

2.2 Account Requirements

In order to comply with our regulatory requirements, please supply us with the following documents:

- Job Letter/Business License
- Valid Passport and another government issued photo identification
- Proof of Address (Utility bill e.g. water, electricity, telephone, cable, internet) not more than six (6) months old
- At least two (2) Bank/Credit Union reference letters from other institutions
- EC\$100 deposit - (This amount must remain on the account at all times while the account is operational)
- Letter of Authorization for signatories with signing rules where applicable

Please note that non-bank cards such as store cards, mobile telephone statements or addresses that feature “Care of” are not acceptable as confirmation of your residential address.

3. Previous address details

If the member has not been residing at his/her present residential address for more than 3 years, please provide us with the previous address below. (We may request confirmation of this address).

4. Personal Account Mandate

To Community First Co-operative Credit Union

Member Number Allocated: _____

(for credit union use only)

Name of account to which this Mandate relates:

“the account holder(s)”

The Credit Union is hereby requested and authorized until it receives written notice to the contrary:

- To open and/or continue an account in the name as detailed above and to open such further accounts as I/We may direct or as may be necessary from transacting of my credit union business with you from time to time.
- To honour any instruction authorizing payment from, or relating to the conduct of the account when signed as detailed below notwithstanding that any such payment, if permitted by ourselves, may cause the account to become overdrawn or cause an existing overdraft to be increased, solely at the credit union’s discretion.
- To transfer from time to time if considered appropriate by you, sufficient funds to ensure that my account with you remain in credit, and to debit any other account maintained in my name notwithstanding that such accounts may be on fixed term deposit or subject to other terms and conditions.
- The authority is to remain in force until I/We have expressly revoked it by a notice in writing delivered to you at the above mentioned branch.
- To collect all relevant fees related to the checking account.
- To recall my/our cheque book in cases where my/our chequing account is not operated properly.

5. FEES:

- Each cheque written will cost EC\$1.25.
- Accounts with Insufficient Funds (NSF) will incur a charge of \$30.00.
- Money transferred from other accounts to chequing account will incur a charge of \$20.00.

Signing Instructions:

I/We confirm that all the information given on this form is true and that we have received a copy of your terms and conditions which apply to the account and I/we acknowledge its contents.

.....
SIGNATURE OF APPLICANT(S)

Date: _____

From time to time, we would like to tell you about other products and services available from Community First Co-operative Credit Union Limited which might be of interest to you. If you do not want us to do this please tick this box.

OFFICIAL USE ONLY

Witness to Signature: _____

Approved

Declined

Signature: _____

Date: _____