



**COMMUNITY FIRST CO-OPERATIVE CREDIT UNION LTD  
APPLICATION FOR MEMBERSHIP**

Account No: ..... Date: .....

**Applicant (1)** (Mr/Ms/Mrs/Other) ( M.... F.....)  
Name ..... Middle: ..... Surname .....

Address: .....

Previous Address if less than three (3) years .....

Date of Birth: .....(DD).....(MM) .....(YY)

Country of Birth..... Nationality .....

E-mail: .....

Phone # (H)..... Mobile #..... Work # .....

Employer's Name:.....

Self-employed – Name of Business .....

Occupation:.....

Passport # .....SS#.....Other#.....

How has your wealth been accumulated?

Income from Employment  Investments & Savings  Property Investments  Other

Source of your initial deposit?

Income from Employment  Investments & Savings  Property Investments  Other

Anticipated total value through the account over the next 12 months

Deposits \$ ..... Withdrawals \$ .....

Frequency of deposit: Weekly  Monthly  Intermittently

Frequency of withdrawals: Weekly  Monthly  Intermittently

Average amounts for Deposit \$ ..... Withdrawal \$ .....

I/we wish to apply for a Chequing Account  ATM Card

I/we wish to request the following alert(s): Payroll  ATM

Name of person recommending applicant:

.....

**Applicant (2)** (Mr/Ms/Mrs/Other) ( M.... F.....)

Name ..... Middle: ..... Surname .....

Address: .....

Previous Address if less than three (3) years .....

Date of Birth: .....(DD) .....(MM) .....(YY)

Country of Birth..... Nationality .....

E-mail: .....

Phone # (H)..... Mobile #..... Work # .....

Employer's Name:.....

Self-employed – Name of Business .....

Occupation:.....

Passport # .....SS#.....Other#.....

How has your wealth been accumulated?

Income from Employment  Investments & Savings  Property Investments  Other

Source of your initial deposit?

Income from Employment  Investments & Savings  Property Investments  Other

Anticipated total value through the account over the next 12 months

Deposits \$ ..... Withdrawals \$ .....

Frequency of deposit: Weekly  Monthly  Intermittently

Frequency of withdrawals: Weekly  Monthly  Intermittently

Average amounts for Deposit \$ ..... Withdrawal \$ .....

I hereby make application for membership in the COMMUNITY FIRST CO-OPERATIVE CREDIT UNION LIMITED and agree to conform to its Rules and Amendments thereof and subscribe for at least forty shares.

**Type of Joint Account:** (Please tick)

Joint Tenancy  Tenancy in Common

1. The second-named person is not insured and is not a voting member
2. The second-named person can withdraw, deposit and receive other services, but cannot apply for a loan.
3. The second-named person must be informed of funds held as security or be a co-maker.
4. An application of a joint membership to withdraw from the Society or to vary the composition of the joint membership must be signed by all the persons comprising the joint membership.

\* By signing, I/We hereby apply for CFCCU Email Alert and authorise you to provide the service for this Community First Co-operative Credit Union (the "Credit Union") account indicated above. It is understood that the message will be sent at my/our risk in every respect and that CFCCU will not be liable for the consequences of any delay, mistake or omission in transmission or any interception of the said message.

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

To open and/or continue an account in my/our name(s) 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 honor any instruction authorizing payment from, or relating to the conduct of the account I/we sign 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.

**Early Closure Fee (If account is closed under 1 year of opening) \$100.00.**

**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 First Applicant .....

Witness to Signature of Applicant .....

Date: .....

Signature Second Applicant.....

Witness to Signature of Applicant .....

Date: .....

Herewith please find the sum of \$ ..... being as follows:

Permanent Shares	\$ .....
Regular Savings	\$ .....
Deposits	\$ .....
Entrance Fee(s)	\$ .....
Pass Book	\$ .....
By-Laws	\$ .....
.....	\$ .....
<b>TOTAL</b>	<b>\$ .....</b>

The information from this application was entered into the Members' Register and approved by

President .....

Secretary .....

Date .....

**NOMINATION FORM**

(PURSUANT TO THE CO-OPERATIVE SOCIETIES ORDINANCE OF THE REVISED LAWS OF ANTIGUA AND BARBUDA)

**COMMUNITY FIRST CO-OPERATIVE CREDIT UNION LIMITED**

**Account #** ..... **I/We,** .....

A member of the above-named Society, do hereby nominate the following as the only person or persons (none of them being an Officer or Servant of the Society, unless such person is the Husband, Wife, Child, Brother, Sister, Nephew, or Niece of me the nominator) to or among whom shall be transferred my property in the Society whether in Shares, Regular Savings, Loans, Deposits, or otherwise at my death in such proportions as is set forth below opposite their respective names:

NAME	RELATIONSHIP	OCCUPATION	DATE OF BIRTH	ADDRESS	CONTACT#	%	INITIAL

(Where the nomination is not intended to comprise the whole of the member's property in the Society, the amount to be comprised in it is to be specified.) Any previous nomination made by me is hereby cancelled.

As Witness to my hand, this ..... day of ..... **20** \_\_\_\_

Signature & initial of First Named Applicant ..... Signature & Initial of Second Named Applicant .....

Signature of Witness ..... Signature of Witness.....

I declare that the present nomination was deposited with the Society on ..... **20** \_\_\_\_

Signature of Secretary of Society .....