



Y.O. U. T. H.
Young Ones United in Thrifty Habits

APPLICATION FORM

ACCOUNT NO: DATE ADMITTED
SURNAME CHRISTIAN NAME MIDDLE INITIAL
DATE OF BIRTH: SEX: (M/F) IDENTIFICATION # & TYPE
HOME ADDRESS: Tel. #
NAME OF EDUCATIONAL INSTITUTION (SCHOOL):

NAME OF PARENT/GUARDIAN: TRN:
HOME ADDRESS:
HOME TELEPHONE # CELL #
DATE OF BIRTH: NATIONALITY: COUNTRY OF RESIDENCE:
OCCUPATION:
EMPLOYER'S NAME AND ADDRESS: (Name) (Address)

Kindly indicate the anticipated value of regular deposits to the account \$ ( ) Monthly ( ) Bi-Monthly ( ) Weekly
( ) Other-please Purpose of the account:

Do you or your immediate family (parents, siblings,) have prominent public functions locally or in any foreign jurisdiction? This include heads of state or of government, senior politicians, senior government, judicial or security force officials, senior executives Yes ( ) NO ( )
If yes, give details:
Name of family member: Position/function:
Address:

We authorize the YOUTH account holder to withdraw from the account (please indicate "Yes" or "No") -----□

I/We certify the information above to be true and correct. And further confirm that no information relevant to the credit union's decision to approve the operation of the account has been withheld

We understand that:
The account shall be governed in all respect by the laws and regulations of Jamaica and by the Rules of the Credit Union. I further understand that the Board of Directors reserves the right to terminate the account at any time should any of the above information be found to be incorrect or if the Credit Union deems the operation of the account to be contravening the above regulations/rules.

We hereby authorize the Credit Union to obtain independent verification of any information provided in respect of this application.

We declare that the account holder is the beneficial owner of all credits that will be made to the account

SIGNATURE OF YOUTH ACCOUNT HOLDER
I.D. INFORMATION (YOUTH A/C Holder)
SIGNATURE OF PARENT/ GUARDIAN:
I.D. INFORMATION (PARENT/ GUARDIAN)

Name of Referee: Address: Employer/Business Name: Employees Address: Occupation: A/C # (if member): Tel. # (H/Cell) (W)
Name of Referee: Address: Employer/Business Name: Employees Address: Occupation: A/C # (if member): Tel. # (H/Cell) (W)

# NOMINATION FORM

ACCOUNT NUMBER \_\_\_\_\_

I \_\_\_\_\_

ADDRESS \_\_\_\_\_

AN ACCOUNT HOLDER OF FIRST HERITAGE CO-OPERATIVE CREDIT UNION LIMITED, 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, FATHER, CHILD, BROTHER, SISTER, NEPHEW OR NIECE OF ME, THE NOMINATOR), TO OR AMONG WHOM SHALL BE TRANSFERED MY PROPERTY IN THE SOCIEY OR OTHERWISE AT MY DECEASE IN SUCH PROPORTIONS AS IS SET FORTH BELOW OPP0SITE THEIR RESPECTIVE NAMES:

NAME	OCCUPATION	ADDRESS	PROPORTION

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 OF A/C HOLDER OR PARENT/GUARDIAN	1. _____ SIGNATURE OF WITNESS	_____ ADDRESS
	2. _____ SIGNATURE OF WITNESS	_____ ADDRESS

I DECLARE THAT THE PRESENT NOMINATION WAS DEPOSITED WITH THE SOCIETY ON \_\_\_\_\_

## OFFICE USE ONLY

OPENING BALANCE: YOUTH A/C SAVINGS \$ \_\_\_\_\_

PASSBOOK \$ \_\_\_\_\_

THIS APPLICATION WAS APPROVED by (1) \_\_\_\_\_ (2) \_\_\_\_\_

SIGNATURE: (1) \_\_\_\_\_ (2) \_\_\_\_\_

POSITION: (1) \_\_\_\_\_ (2) \_\_\_\_\_