

Office Use Only

Name and Signature of Directors approving the Application

This application was approved by:

President

Secretary

Herewith please find the sum of _____
to be allocated as follows;

Ordinary Shares	\$ _____
Permanent Shares	\$ _____
Entrance Fees	\$ _____
Other	\$ _____
Other	\$ _____
Total	\$ _____

ATM CARD SERVICES

CARD#: _____

- Process this application for the ATM Card
- Do not process this application for the ATM Card

Account #: _____ A/C Type _____

Name: (Mr. /Mrs. /Ms.) _____
Surname First Middle Name

ID Type & # _____

Signature Applicant Date

Name of Witness Signature of Witness

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Posted by: _____ Date _____

Approved by: _____
Name Signature

APPLICATION AGREEMENT

I certify the information above to be true and correct. I further confirm that no information relevant to the Credit Union's decision to grant membership has been withheld.

I understand that:
My account(s) with the Credit Union 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 the Credit Union reserves the right to terminate my account(s) at any time should any of the information provided be found to be incorrect or if the Credit Union deems the operation of my account(s) to be contravening any law, Regulation and Rule, including the Proceeds of Crime Act and the accompanying Regulation.

The application will not be considered for approval until all the required documents/information have been received and verified where applicable..

Where the document/information is not submitted within 90 days, the relationship will be terminated.

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

I declare that I am the beneficial owner of all credits to my account(s)

I understand and agree that the Credit Union may make a charge for the operation of the account(s) to be collected in such manner as the Credit Union from time to time decide and that the rate of charge may be ascertained upon enquiry. It is also agreed that the Credit Union may charge against the said account (s) any indebtedness or liability to the credit union, whether the charges create a debit balance and I shall be and remain liable to the Credit Union in respect of each amount so charged.

I understand that:

Permanent Shares are redeemable only upon transfer to another member of the Credit Union or when terminating my membership, and that they cannot be used as security for any form of assignment or hypothecation for a loan or voluntary commitment of the Credit Union to any third party.

By signing below, I also acknowledge receipt of the ATM card Agreement and agree to conform to the Rules and Amendments thereof.

Signature of Applicant

Name of Witness (1) Signature

Name of Witness (2) Signature

Date _____

Account: _____ Date Admitted: _____	TRN: _____	Nationality: _____	Country of Residence: _____	E-Mail: _____	Sex () Female () Male	Marital Status () Single () Married () Divorce () Separated () Widowed	ID Type & # _____	How did you hear about us? _____	
FHC FIRST HERITAGE CO-OPERATIVE Credit Union LIMITED		Membership Application		Mr. / Mrs. / Ms. _____ Surname	_____ First	_____ Middle Name	_____ Alias	# of Years at present address _____	
Home Address (Current): _____ (Previous): _____				Mailing Address: _____ (If different from above)				Tell # (H) _____ (Cell) _____ (w) _____	
Date of Birth: (dd/mm/yyyy)				Place of Birth:		Occupation:		Position/Title:	
Employment Status:				# of years employed:					

(PURSUANT TO "THE CO-OPERATIVE SOCIETIES' LAW, CAP. 75 OF THE REVISED LAWS OF JAMAICA")

I _____ do hereby nominate the following 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 transferred my property in the society, whether in shares, loans, deposits or otherwise at my decease in such proportions as is set forth below opposite their respective names:

a/c # _____

NAME	RELATION	OCCUPATION	ADDRESS	DOB	TRN	PROPORTION

Trustee information (If minor) _____ Signature _____

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

CHARACTER REFERENCE (1)

Name of Referee: _____
 Address: _____
 Employer/Business Name & Address: _____

 Occupation: _____ A/C # (if member): _____
 Tel. # (H/Cell _____ (W) _____ (Fax) _____

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Questions to be posed to the Referee by the Credit Union Staff:
 How long have you personally known the applicant? _____
 Do you consider him /her trustworthy? () Yes () No
 To the best of your knowledge, is this person involved in any questionable monetary transaction ? () Yes () No
 Do you recommend the applicant to open an account? () Yes () No

Verified by: _____
 _____ Name
 _____ Signature _____ Date

CHARACTER REFERENCE (2)

Name of Referee: _____
 Address: _____
 Employer/Business Name & Address: _____

 Occupation: _____ A/C # (if member): _____
 Tel. # (H/Cell _____ (W) _____ (Fax) _____

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Questions to be posed to the Referee by the Credit Union Staff:
 How long have you personally known the applicant? _____
 Do you consider him /her trustworthy? () Yes () No
 To the best of your knowledge, is this person involved in any questionable monetary transaction? () Yes () No
 Do you recommend the applicant to open an account? () Yes () No

Verified by: _____
 _____ Name
 _____ Signature _____ Date

ADDITIONAL INFORMATION

Father's Name: _____ Mother's Maiden Name: _____
 Number of Dependents: _____ Number of Children: _____
 Name of Spouse: _____
 Occupation of Spouse: _____
 Place of employment for Spouse: _____
 Spouse's Work Telephone # _____

Name of relative not living with you: _____
 Address of relative: _____

Annual Income Range:
 () UP to \$1,000,000 () \$1,000,001- \$2,000,000 () \$2,000,001-\$3,000,000
 () 3,000,001-\$4,000,000 () \$4,000,001-\$5,000,000 () Over \$5,000,000

Kindly indicate the anticipated value of your regular deposits \$ _____
 () Monthly () Bi-Monthly () Weekly () Other-please state _____

Kindly indicate the source of your wealth/funds
 () Salary () Spouse () Remittances
 () Other-please state _____

Purpose of the account: _____

Do you or your immediate family (parents, siblings, spouse, children, in-laws and close associates) 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: _____
 Address: _____
 Position/function: _____