



FIRST HERITAGE CO-OPERATIVE
Credit Union
LIMITED

Membership Application Form

Account: _____

Date Admitted: _____

Mr. / Mrs. / Ms. _____
Surname First Middle Name Alias

TRN: _____

Home Address (Current): _____
(Previous): _____

Nationality: _____

Country of Residence: _____

Mailing Address: _____
(If different from above)

E-Mail: _____

Sex: Female () Male ()

Date of Birth: (dd/mm/yyyy) _____
Place of Birth: _____
Tell # (H) _____
(Cell) _____ (W) _____

Marital Status: Single () Married ()
Divorce () Separated () Widowed ()

Employment Status: _____
of years employed: _____
Occupation: _____

ID Type & # _____

Name & Address of Employer / School (If student): _____

How did you hear about us?

ADDITIONAL INFORMATION

Mother's Maiden Name: _____

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
() \$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

() Salary () Spouse () Remittances () Other-please state _____

Kindly indicate the source of your 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 includes heads of state or government, senior politicians, senior government, judicial or security force officials, senior executives.

Yes () NO ()

If yes, give details: _____

Name of family member: _____

Position/function: _____

(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

ADDRESS

DOB

PROPORTION

NAME	RELATION	ADDRESS	DOB	PROPORTION

Trustee information (If minor) _____

Member Signature _____

Witness _____

Witness _____

Where the nomination is intended to comprise of the whole of the member's property, the amount to be comprised in it is to be specified. Any previous nomination made by me is hereby cancelled.

Please use additional form if you have more than 5 beneficiaries.

CHARACTER REFERENCE (1)

Name of Referee: _____

Employer/Business Name & Address: _____

Occupation: _____ A/C # (if member): _____

Tel. # (H/Cell _____ (W) _____ (Fax) _____

Office Use Only

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 transactions? () Yes () No

Is this person of good character? () Yes () No

Do you recommend the applicant to open an account? () Yes () No

Verified by: _____

Name

Signature

Date

CHARACTER REFERENCE (2)

Name of Referee: _____

Employer/Business Name & Address: _____

Occupation: _____ A/C # (if member): _____

Tel. # (H/Cell _____ (W) _____ (Fax) _____

Office Use Only

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 transactions? () Yes () No

Is this person of good character? () Yes () No

Do you recommend the applicant to open an account? () Yes () No

Verified by: _____

Name

Signature

Date

APPLICATION AGREEMENT

I certify the information provided herein 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 respects 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.

I further understand that the Credit Union collects and processes personal data herein to provide financial services, manage risks and comply with legal and regulatory obligations; to communicate with me and provide customer service and to share information about our products, services and promotional activities.

Details on how the Credit Union processes personal information, who it is shared with and data subject rights can be accessed at bit.ly/3PxYIRg or by scanning the QR code.

Get in touch with any concerns or queries at DPA@fhccu.com.

I agree that my member data may be shared within the Credit Union's corporate structure which includes the company, subsidiaries, associated and affiliated companies, as well as credit bureaus, regulators and other third parties as defined in the Credit Union's Privacy Notice.



FHC Privacy Notice

Signature of Applicant

Date

Name and Signature Witness (1)

Date

Name and Signature Witness (2)

Date

Approved By: _____

Date: _____