



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 _____ Child's TRN: _____
HOME ADDRESS: _____ Tel. # _____
NAME OF EDUCATIONAL INSTITUTION (SCHOOL): _____
NAME OF PARENT/GUARDIAN (if opened by the Parent/Guardian): _____ TRN: _____

THIS SECTION IS TO BE COMPLETED BY PARENTS / GUARDIANS NON-MEMBERS

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 indicate _____ Purpose of the account: _____
Source of Funds: _____ Source of Wealth: _____

Do you or your immediate family (parents, siblings) have prominent public functions locally or in any foreign jurisdiction? This includes 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: _____

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

I certify the information above to be true and correct. I further confirm that no information relevant to the First Heritage Co-operative Credit Union Limited's (Credit Unions) decision to approve the operation of the account has been withheld.

I 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 Credit Union 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.

I further understand that the Credit Union collects and processes personal data 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 hereby authorize the Credit Union to obtain independent verification of any information provided in respect of this application.

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.

I 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) _____



FHC Privacy Notice

NAME OF REFEREE: _____ NAME OF REFEREE: _____
 TYPE OF REFERENCE: _____ TYPE OF REFERENCE: _____
 TEL. # (CELL) _____ TEL. # (CELL) _____

NOMINATION FORM

ACCOUNT NUMBER-----

I, _____
 AN ACCOUNT HOLDER OR PARENT \ GUARDIAN OF AN ACCOUNT HOLDER AT FIRST HERITAGE CO-OP CREDIT UNION,
 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, FATHER, MOTHER, CHILD, BROTHER,
 SISTER, NEPHEW OR NIECE OF ME, THE NOMINATOR), TO OR AMONG WHOM SHALL BE TRANSFERED 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:

NAME	RELATIONSHIP	TRN	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, ISTO 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	_____ Name of Team Member
	2. _____ SIGNATURE OF WITNESS	_____ Name of Team Member

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) _____