

MEMBERSHIP APPLICATION FORM

Account Number:		Branch:		Application Date:	
SECTION A: APPLICATION INFORMATION					
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Date of Birth: (DD/MM/YY)		T.R.N.:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Place of Birth:		Country of Birth:
First Name:	Middle Name:	Surname:	Maiden Name:		Alias:
Current Home Address:			Mailing Address: (If Different From Home Address)		
Previous Home Address, if current is less than 1 year:			Purpose of Account Opening: <input type="checkbox"/> Regular Savings <input type="checkbox"/> Insurance <input type="checkbox"/> Long Term Savings <input type="checkbox"/> Partner Plan		
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		# Of Dependents (Age Of Each)		Nationality:	
Home Phone:		Mobile Phone:		Work Phone:	
Fax Number:		Email:			
SECTION B: APPLICANT'S IDENTIFICATION INFORMATION					
Identification Type: <input type="checkbox"/> National ID <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License		ID Number:		Expiry Date:	
SECTION C: CITIZEN INFORMATION					
Are you a citizen or resident of the United States of America?			Are you a citizen or resident of any other country apart from Jamaica and the United States:		
US Address: United States		US Taxpayer Number:		US Telephone Number:	
SECTION D: EMPLOYMENT STATUS & OTHER INFORMATION					
Occupation/Job Title:			Form of Employment:		
Do you hold a prominent public position such as senior government official, senior civil servant, politician, senior police or army officer?			Are you related to an employee, relative or volunteer of the Credit Union? If so, please state their name and relation.		
Are you immediately related to or closely associated with any person in any of the above-mentioned positions? If so, please state their name and relation.					
Name of Employer/Business/School:		Telephone Number:		Employed/Attending School Since:	
Employer/Business/School Address:					
Source of Funds:		Annual Salary/Income:		Expected Deposit Amount & Frequency:	
SECTION E: JOINT ACCOUNT HOLDER INFORMATION					
Account No:	Relation to Account Holder:		Date of Birth:		T.R.N.:
First Name:	Middle Name:	Surname:	Maiden Name:		
Is the Joint Account Holder expected to make lodgments to this account?			Source of funds and frequency:		

SECTION F: VERIFICATION OF ADDRESS	VERIFICATION OF REFERNCES
<ul style="list-style-type: none"> ▪ Original utility bill in the name of the applicant within the last three (3) months ▪ Bank statement (within the last three (3) months) in the applicant's name and bearing the same address ▪ Address Verification Form 	<ul style="list-style-type: none"> ▪ Manager of Financial Institution ▪ Justice of the Peace ▪ Minister of Religion ▪ Attorney at law ▪ Police officer (rank of sergeant or higher) ▪ Elected Official (councilor, mayor or member of parliament) ▪ Government official ▪ Army officer (captain or higher) ▪ TCCU Member with current account of two years or more and not delinquent

SECTION G: INFORMATION FOR REFERENCE(S) Reference(s) will be contacted

FOR OFFICIAL USE ONLY:	REFERENCES VERIFIED BY:
-------------------------------	--------------------------------

REFERENCE 1	Title:	First Name:	Middle Name:	Surname:
--------------------	---------------	--------------------	---------------------	-----------------

Current Home Address:	Nationality:	Relationship to member:
------------------------------	---------------------	--------------------------------

Home Phone:	Mobile Phone:	Email:
--------------------	----------------------	---------------

REFERENCE 2	Title:	First Name:	Middle Name:	Surname:
--------------------	---------------	--------------------	---------------------	-----------------

Current Home Address:	Nationality:	Relationship to member:
------------------------------	---------------------	--------------------------------

Home Phone:	Mobile Phone:	Email:
--------------------	----------------------	---------------

SECTION H: MEMBERSHIP QUALIFICATION (BOND)

Membership in the Credit Union Criteria:

1. Resident or worker in Trelawny
2. Relative of resident or worker in Trelawny
3. All registered societies, their employees, and their ex-employees

Name of Member:	Account Number:	Relation to Member:
------------------------	------------------------	----------------------------

SECTION I: UPDATING ACCOUNT

In keeping with the governmental regulations, the personal information on all accounts mentioned at the Credit Union MUST be updated every seven (7) years, sooner or later as may be determined by government regulators.

SECTION J: CLOSING YOUR ACCOUNT

A member may be expelled, and his/her accounts closed, if he/she acts in contravention of the Co-operative Societies Act and Regulations or Credit Union rules, acts in any way detrimental to the interests of the Credit Union, acts in contravention of legislation pertaining to deposit taking institutions, attempts to defraud the Credit Union or is convicted of a criminal act.

SECTION K: PRIVACY STATEMENT

<p>What Data We Collect</p> <p>We collect and process personal data that is necessary for the performance of our services and the fulfillment of our contractual and legal obligations. This may include, but is not limited to, your name, contact information, financial details, and any other data relevant to our relationship.</p>	<p>Data Sharing Arrangements</p> <p>We may share your personal data with third parties, including service providers, partners, and regulatory authorities, only when necessary and in compliance with applicable data protection laws. These third parties are contractually bound to protect your data and can only use it for specified purposes.</p>
---	--

To view our full Data Privacy Policy, please visit our website at www.trelawnycu.com or visit our any of our Branches.

Contact Information
If you have any questions or concerns regarding our data protection practices or wish to exercise your data rights, please contact us at dpo@jtccu.com.

Consent:

By using our services or providing your data to us, you consent to the practices described in this data protection statement. We reserve the right to update this statement to reflect changes in our data protection practices or legal requirements.

I, _____ hereby give my consent for the Trelawny Co-Operative Credit Union to process my personal data as described in this consent form for the purposes outlined in the Data Protection Statement above.

Signature of Applicant: _____ Date: _____

I, _____ the undersigned confirm that I have read and understand what is written in this document and also confirm that the information provided herein is true and correct. I authorize the CREDIT UNION to verify all information and to obtain from anyone any additional information that may be required to process this application. I hereby apply for membership in the CREDIT UNION and agree to confirm to the rules and amendments thereof and subscribe to the required shares. It is my responsibility to inform the CREDIT UNION of all changes as they affect my member account status.

Signature of Applicant: _____ Date: _____

Name of Parent/Guardian: (Child) _____

Signature of Parent/Guardian: (Child) _____ Date: _____

FOR OFFICIAL USE ONLY: APPROVAL OF MEMBERSHIP

This applicant was approved for membership and entered in the Minute Book at the Meeting of the Board of Directors held:

MEMBER ACCOUNT NUMBER: _____

President/Chairman

Secretary

APPLICATION FORM

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorce <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Date of Birth: (DD/MM/YY)	Staff/ Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:		Middle Name:	
Surname:			
Current Home Address:		Telephone Number: (Home)	Telephone Number: (Cell)
City/Town/ District:		P.O. Box/Postal Zone /Zip Code	Work Phone:
Fax Number:		Email:	
Parish:		Country:	

Signature of Applicant: _____

Date: _____

NOMINATION FORM
(PURSUANT TO THE CO-OPERATIVE SOCIETIES ACT)

Name of Credit Union: Trelawny Co-operative Credit Union Ltd

Member Number: _____

I

Address: _____ Occupation: _____

A member of the above-named Credit Union, do hereby revoke any previous nomination made by me and do hereby Nominate the following person(s) (none of them being an Officer or Servant of the Credit Union, 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 transferred my property in the Credit Union, whether in shares, Loans, Deposits or otherwise in such proportions as is set forth below opposite their respective names:

Name	Relationship to Member	Address	Contact #	Proportion

I, further appoint the following person(s) as trustee(s) for the minor(s) nominated above until he or she attains the age of eighteen (18) (a Trustee appointed must be eighteen (18) years of age or older).

IN WITNESS WHEREOF I have hereunto set my hand this _____ day of _____ 20

Signature of Member Making Nomination/Parent/Guardian: _____

1. Signature of Witness: _____ Address: _____

2. Signature of Witness: _____ Address: _____

FOR INTERNAL USE ONLY

Access Plus™

ACCOUNT TYPES

ACCOUNT NUMBERS

AVAILABLE BALANCES

ACCOUNT #: _____

01 REGULAR DEPOSIT		\$
02 FIXED DEPOSIT		\$
03 LINE OF CREDIT		\$
04 PARTNER PLAN		\$

REASON	ATM LIMIT	POS LIMIT
--------	-----------	-----------

ID TYPE	ID#
---------	-----

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prepared: _____

Checked: _____