

**THE SECRETARY
CAWECU CO-OPERATIVE
SOCIETY LIMITED
EASTERN MAIN ROAD
ST. JOSEPH**



Sir/Madam,

I hereby make application for membership in the above named Society.

REGISTRATION NO. _____

NAME: _____ SEX: _____

ADDRESS: _____

PHONE NO. HOME: _____ DATE OF BIRTH: ____/____/____

AGE: _____ ID NO.: _____ DP NO.: _____

OCCUPATION: _____ EMPLOYEE NO.: _____

MINISTRY / DEPARTMENT: _____

ADDRESS: _____

PHONE NO. WORK: _____ HOBBY/SPORT: _____

CREDIT UNION/ASSOCIATION AFFILIATION: _____

COMMON BOND: _____

RECOMMENDED BY:-

NAME IN BLOCK LETTERS: _____

SIGNATURE: _____ REGISTRATION NO.: _____

DATE: _____

ENTRANCE FEE OF \$10.00 AND OPERATIONAL FEE OF \$5.00 PAYABLE.

APPLICATION TO BE COMPLETED IN BLOCK LETTERS.

APPLICATION WILL NOT BE APPROVED UNLESS FORM IS COMPLETED IN FULL

.....
SIGNATURE OF APPLICANT

**NOMINATION CERTIFICATE
BYE - LAW NO. 11**

PLEASE COMPLETE IN BLOCK LETTERS

In the event of sickness or death, I hereby nominate:-

Mr./Mrs./Miss: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP TO MEMBER: _____

To receive any benefits accruing to me in the Society.

MEMBER SIGNATURE: _____

WITNESS: _____ WITNESS: _____

MEMBERS' DECLARATION

Are you or any of your family members a Political Appointee?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Political appointees include Directors on State Boards, Magistrates, Politicians, the Chief Justice, the Commissioner or Acting Commissioner of Police, Senior Members of the Military, Senior Members of a political party etc. Family members include spouses, children and siblings.
Are you or any joint party a US national or holder of a Green Card for residence in the US?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you or any joint party using a US address on this file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you or any joint party have a power of attorney or signatory authority granted to a person with a US address?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you or any joint party provided standing instructions to transfer funds to an account maintained in the US?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you or any joint party provided instructions to receive funds from a US address?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered YES to Question marked * please provide your US Tax Identification No. (TIN) _____ and copy of your US ID

I will contribute \$ _____ monthly/weekly/fortnightly from my salary/wages to the purchase of \$100.00 shares and will maintain a minimum of \$100.00 per month as payment towards shares.

SIGNATURE OF APPLICANT _____

FOR OFFICIAL USE ONLY:-

APPROVED BY: _____

DATE OF ENTRY: _____

REMARKS: _____

SIGNATURE: _____