

Account Type: <input type="checkbox"/> COMPANY <input type="checkbox"/> INDIVIDUAL		MEMBERSHIP APPLICATION	DATE (dd-mm-yyyy):
Member #:			UPDATE DUE DATE (dd-mm-yyyy):
SECTION A: APPLICANT INFORMATION			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____		Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Taxpayer Registration No. (TRN): _____	
Date of Birth (dd-mm-yyyy): _____			
First Name	Middle Name	Last Name	Maiden Name:
Present Home Address (Street)		City/Town/District	Milestone/Directions (if applicable)
Country	Place of Birth	Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Time at this Address Yrs. _____ Months _____
Nationality:	Are you a United States of America: Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Green Card Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No Resident <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Taxpayer Identification Number (TIN) and Type: TIN: Type:		
Mailing Address (If different from above address)		Tel. No. (Home)	Tel. No. (Cell)
City/Town/District	P.O. Box/Postal Zone/Zip Code	Parish	Country
Previous Home Address (Street)	City/Town/District	Parish/Postal Zone/Zip Code	Country
No. of Dependents	Email Address:		Purpose of Account <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Other
SECTION B: APPLICANT'S IDENTIFICATION INFORMATION			
<input type="checkbox"/> Drivers' License <input type="checkbox"/> Passport <input type="checkbox"/> National ID (Voters/Electoral ID Card) ID # Expiry Date: Issuing Country:			
SECTION C: EMPLOYMENT STATUS and OTHER INFORMATION:			
Occupation/Job Title (The terms "businessman/businesswoman/manager" are not acceptable)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Contract <input type="checkbox"/> Self Employed (State nature of Business)	
Name of Employer/Business/School:	Telephone No.:	Employed/Attending School Since (dd-mm-yyyy):	
Employer/Business/School Address:	City/Town/District:	P.O. Box/Postal Zone/Zip Code:	
Parish:	Country:	Expected Deposit : <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly \$.....	
Source of funds:	Annual Salary/Income (\$):	Currency:	
Do you or your immediate family (parents, siblings, spouse, children, step children, in-laws) and close associates hold or has held any of the following positions locally or internationally? ††Member of the Judiciary ††Military official above the rank of Captain ††Member of the police of or above the rank of Assistant Commissioner ††Head of State ††Head of Government ††Minister of Government ††Member of any house of Parliament ††Official of any political party ††Director or Chief Executive of any company in which the Government owns a controlling interest ††Senior management position in an international organization and/or Permanent Secretary ††Chief Technical Director or Chief Officer in charge of the operations of a Ministry, department of Government, Executive Agency or statutory body as the case may be. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain:			
SECTION D: FAMILY INFORMATION			
<input type="checkbox"/> Spouse (Married/Common law) <input type="checkbox"/> Next of Kin		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ First Name Middle Name Last Name		Maiden Name:	Date of Birth (dd-mm-yyyy):
		Alias:	COK Member No.:
Present Home Address (Street):		City/Town/District:	P.O. Box/Postal Zone/Zip Code:
Parish:	Country:	Nationality:	Email Address:
Tel. No. (Cell):	Tel. No (Home):	Tel. No. (Work):	Occupation:
Nature of business (if self-employed):		Name of Employer/Business/School:	Is the spouse/next of kin expected to make lodgements to this account? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address of Employer/Business/School:		City/Town/District	If yes, what is the source of funds?
Country:	Parish:	Annual Salary/Income and Currency:	
Are you related to an employee of COK Sodality: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name staff member: Relation:			

SECTION E: HOW ELSE CAN WE CONTACT YOU (NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU)

<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr. <input type="checkbox"/> Other		First Name	Middle Name	Last Name
Present Home Address:			Job Title (For self-employed, the terms "businessman/businesswoman" are not acceptable)	
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	Parish:	Country:	Nationality:
Tel. No. (Work):	Tel. No. (Cell):	Tel. No. (Home):	Email Address:	Relation to Applicant:

SECTION F: PROOF OF ADDRESS

Current utility bill Credit card or bank statement Spot check at the applicant's home address
 Postmarked envelope Government property tax receipt Certified letter from a Justice of the Peace
 Letter/receipt from any Government Agency Use of Government available website such as the electoral Commission of Jamaica

SECTION G: INFORMATION FOR REFERENCES (REFERENCES WILL BE CONTACTED)

‡COK Sodality Board/Committee member ‡COK Sodality employee at supervisory level, employed for more than one (1) year ‡COK Sodality member (more than two (2) years) in good standing ‡Police Officer (Rank of Inspector or higher) ‡JP/Notary Public ‡Attorney-at-Law ‡Minister of Religion ‡Medical Doctor ‡Principal ‡Manager of another Financial Institution where the applicant has an account in good standing ‡Employer (HR Manager or higher)

<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ First Name Middle Name Last Name	Type of Reference:	Account # (if applicable):
Address: <input type="checkbox"/> Home <input type="checkbox"/> Business (based on reference type):	City/Town/District:	P.O. Box/Postal Zone/Zip Code:
Parish:	Country:	Tel. No. (Cell):
		Tel. No. (Work):
		For Official Use Only <input type="checkbox"/> REFERENCE VERIFIED

<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ First Name Middle Name Last Name	Type of Reference:	Account # (if applicable):
Address: <input type="checkbox"/> Home <input type="checkbox"/> Business (based on reference type):	City/Town/District:	P.O. Box/Postal Zone/Zip Code:
Parish:	Country:	Tel. No. (Cell):
		Tel. No. (Work):
		For Official Use Only <input type="checkbox"/> REFERENCE VERIFIED

SECTION H: BOND INFORMATION

<input type="checkbox"/> I am of the universal catholic faith (person who believes that Jesus Christ is Lord) <input type="checkbox"/> I live and/or work in Kingston and/or St. Andrew <input type="checkbox"/> I am an employee of the Society <input type="checkbox"/> I am related to a member of COK Sodality who is of the catholic faith*** <input type="checkbox"/> I am related to an employee of the Society ***	*** Please provide the following information for the member/employee: Name: _____ Relation: _____ Address: _____ Contact #: _____
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SECTION I : PERMANENT SHARE REQUIREMENT

COK Sodality members shall maintain a Permanent Share account with a minimum amount of Two Thousand Dollars \$2,000.00 as stipulated in Rule 6 of the Rules of the Society. This minimum amount qualifies the member to access the products and services of the Society. Non adherence to this Rule may result in the closure of the account after ninety (90) days.

SECTION J: UPDATING ACCOUNT

Government regulations require that personal information on all accounts maintained at COK Sodality shall be updated every seven (7) years or at more frequent intervals as may be determined by the Regulators from time to time.

SECTION K: CLOSING YOUR ACCOUNT

A member may be expelled in accordance with the Rules of the Society and his/her account closed by the Credit Union giving five (5) days' written notice of such intention to close, if he/she acts in contravention of the Co-operative Societies Act and Regulations; the Rules of the Society, acts in any way detrimental to the interests of the Society; makes any material or fraudulent misrepresentation or falsification that adversely affects the Society, acts in a manner that is menacing, violent, intimidating or otherwise detrimental to the Society or its staff. COK Sodality may, at the risk of the Member, forward by registered mail to the member's address on record, a cheque for the balance of the funds in the account (if any) less charges and appropriate amounts for set-offs. Any item drawn or presented for payment or deposit on the account subsequent to such notice of closure may be declined by COK Sodality and returned to the Member or member's representative.

SECTION L: OBTAINING INFORMATION

I consent to COK Sodality obtaining additional information and verifying from other sources as is deemed necessary.

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 **COK SODALITY CO-OPERATIVE CREDIT UNION LIMITED** to verify all information and to obtain from any one any additional information that may be required to process this application. I hereby apply for membership in the **COK SODALITY CO-OPERATIVE CREDIT UNION LIMITED** and agree to conform to the rules and amendments thereof and subscribe to the required share. It is my responsibility to inform the Credit Union of all changes as they affect my member account status.

Signature of Applicant _____ Witness to signature of Applicant _____

Name of person recommending Applicant _____

FOR INTERNAL USE	
Director Recommending Applicant _____ Name	Signature _____
This applicant was approved and entered in the Minute Book at Meeting of the Board of Director held _____	
President _____	Secretary _____
Herewith please find the sum of \$ _____ being as follows:	
Permanent Shares	\$ _____
Voluntary Shares	\$ _____
Entrance Fee	\$ _____
Book of Rules	\$ _____
Identification Card	\$ _____
Total	\$ _____

NOMINATION FORM
(PURSUANT TO THE CO-OPERATIVE SOCIETIES LAW, CAP, 75 OF REVISED LAWS OF JAMAICA)

Name of Society: **COK SODALITY CO-OPERATIVE CREDIT UNION LIMITED**

Member #

I of
..... Occupation

a member of the above-named Society, 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 Society, unless such person is the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew or Niece of me, the Nominator), to or among who shall be transferred my property in the Society, whether in Shares, Loans, Deposits or otherwise in such proportions as is set forth below opposite their respective names:

Name	Address	Tel. No.	D.O.B (dd-mm-yyyy)	Relation to Applicant	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 18 (any Trustee appointed must be 18 years of age or older).

Name	Address	Tel. No.	D.O.B (dd-mm-yyyy)	Relation to Beneficiary	Trustee for

IN WITNESS WHEREOF I have hereunto set my hand thisday of 20....

.....
Signature of Member Making Nomination

1
Signature of Witness

.....
Address

2
Signature of Witness

.....
Address

I declare that this is the present nomination as deposited with the Society on 20....
Signature of Secretary of Society