



# POWER OF ATTORNEY APPLICATION FORM

Date: \_\_\_\_\_ (dd-mon-yyyy)

<b>MEMBER #</b>	<b>MEMBER NAME</b>		
<b>POWER OF ATTORNEY - PERSONAL INFORMATION</b>			
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other <input type="checkbox"/>		Alias	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name	Middle Name	Last Name	Maiden Name: _____ Date of Birth (dd-mon-yyyy)
Present Home Address (Street)		City/Town/District	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Parish/Postal Zone/Zip Code		Country	Residential Status: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Time at this Address: Yrs. _____ Months _____
Mailing Address if Different from Above (Street)		Tel. No. (HOME)	Tel. No. (CELL)
City/Town/District		P.O. Box/Postal Zone/Zip Code	Tel. No. (FAX) _____ Taxpayer Registration No. TRN _____
Parish		Country	Place of Birth: _____ Nationality: _____
Previous Home Address (Street)		City/Town/District	ID Type: Passport <input type="checkbox"/> D/License <input type="checkbox"/> National ID <input type="checkbox"/> ID# _____ Expiry Date: _____
Parish/Postal Zone/Zip Code		Country	
Email Address		No. of Dependents	Source of Funds for account on which Power of Attorney is being requested:
<b>POWER OF ATTORNEY - EMPLOYMENT STATUS and INFORMATION:</b>			
Occupation/Job Title		Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Nature of Business if self employed: _____	
The terms "businessman/businesswoman" are not acceptable			
Are you entrusted with a prominent public position such as that of a senior government official, senior politician or military? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you immediately related to or closely associated with any person in any of the above mentioned positions? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes explain: _____			
Name of Employer/Business/School		Telephone No.	Employed Since (dd-mm-yyyy)
Employer/Business/School Address		Actual Yearly Salary	
City/Town/District		P.O. Box/Postal Zone/Zip Code	
Parish		Country	Currency
<b>POWER OF ATTORNEY - FAMILY INFORMATION - SPOUSE</b>			
Mr. <input type="checkbox"/> Miss <input type="checkbox"/> First Name _____ Middle Name _____ Last Name _____ Mrs. <input type="checkbox"/> Other <input type="checkbox"/>		Date of Birth (dd-mon-yyyy)	A/c # if Member of COK
Present Home Address (Street)		Tel. No (HOME)	Tel. No. (Work)
City/Town/District		P.O. Box/Postal Zone/Zip Code	Tel. No. (CELL) _____ Tel. No. (FAX) _____
Parish		Country	Email Address
Employment Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/>		Nature of Business if self employed	

<b>FAMILY INFORMATION - SPOUSE cont'd</b>		Telephone No.	Employed since (dd-mon-yyyy)
Name of Employer / Business			
Address of Employer/Business		Occupation/Job Title	
City/Town/District	P.O. Box/Postal Zone/Zip Code	The terms "businessman/businesswoman" are not acceptable	
Parish	Country	Actual Yearly Salary	Currency
<b>POWER OF ATTORNEY - HOW ELSE CAN WE CONTACT YOU (Name and Address of Nearest Relative Not Living with You)</b>			
Mr. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Name	Last Name
Mrs. <input type="checkbox"/> Other <input type="checkbox"/>			Occupation/Job Title
Present Home Address		Tel. No. (HOME)	Tel. No. (Work)
City/Town/District	P.O. Box/Postal Zone/Zip Code	Tel. No. (CELL)	Tel. No. (FAX)
Parish	Country	Email Address	
<b>POWER OF ATTORNEY NAME AND ADDRESSES OF REFERENCES</b>			
Mr. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Name	Last Name
Mrs. <input type="checkbox"/> Other <input type="checkbox"/>			Occupation/Job Title
Present Home Address		Tel. No. (HOME)	Tel. No. (Work)
City/Town/District	P.O. Box/Postal Zone/Zip Code	Tel. No. (CELL)	Tel. No. (FAX)
Parish	Country	Email Address	
Mr. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Name	Last Name
Mrs. <input type="checkbox"/> Other <input type="checkbox"/>			Occupation/Job Title
Present Home Address		Tel. No. (HOME)	Tel. No. (Work)
City/Town/District	P.O. Box/Postal Zone/Zip Code	Tel. No. (CELL)	Tel. No. (FAX)
Parish	Country	Email Address	

We the undersigned confirm that the information herein produced is true and correct. WE understand clearly that the information is being used to assist the **COK SODALITY CO-OP CREDIT UNION LTD.** decision making and further confirm that no information relevant to the Credit Union's decision to accept a power of attorney has been withheld. We authorize **COK SODALITY CO-OP CREDIT UNION LTD.** to verify all information and to obtain from any one any additional information that may be required to process this application and also to retain the application whether or not this power of attorney is approved.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_  
 Witness to signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Power of Attorney \_\_\_\_\_ Date \_\_\_\_\_  
 Witness to signature of Power of Attorney \_\_\_\_\_ Date \_\_\_\_\_

Name of COK's Employee \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Kindly submit proof of your address. This can be in the form of an original recent utility bill (JPS, NWC, Telephone etc), letter from a bank or other financial institution (bank, credit card statement or motor vehicle renewal notice) or correspondence from the Government of Jamaica or similar organization.**