



ADULT MEMBERSHIP APPLICATION

Member No:	Date: (dd-mm-yyyy)	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"/> Other:	Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: (dd-mm-yyyy)	Bond Information:
First Name: _____	Middle Name: _____	Surname Name: _____	Maiden Name: _____
Current Home Address: (Street)		City/Town/District/P.O. Box/Postal Zone/Zip Code:	
Country:		Parish/Milestone/Directions: (if applicable)	
Mailing Address: (if different from above address)		Telephone Number: (Home)	Telephone Number: (Cell)
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	Telephone Number: (Fax)	
Parish:	Country:	Email:	
Previous Home Address: (Street)	City/Town/District:	Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:	Time at this Address: <input type="checkbox"/> Year(s) <input type="checkbox"/> Month(s)
P.O. Box/Postal Zone/Zip Code:	Country:	Number of Dependent(s): Age of Dependent(s):	

SECTION B: APPLICANT'S IDENTIFICATION INFORMATION	
<input type="checkbox"/> D/License <input type="checkbox"/> Passport <input type="checkbox"/> National ID (Voters Card/Electoral Card/Citizenship Card) <input type="checkbox"/> T.R.N.: _____	
ID Number: _____	Expiry Date: _____ (dd/mm/yyyy)

SECTION C: EMPLOYMENT STATUS & 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"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self Employed: (state nature of business) <input type="checkbox"/> Retired	
Name of Employer/Business/School		Telephone Number	Employed/Attending School Since: (dd/mm/yyyy)
Employer/Business/School Address		Source of Funds	Annual Salary/Income: (\$)
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	Expected Deposit Amount: <input type="checkbox"/> Annually: _____ <input type="checkbox"/> Monthly: _____ <input type="checkbox"/> Fortnightly: _____ <input type="checkbox"/> Weekly: _____	
Parish	Country	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:

- Head of State. Yes No
- Head Government. Yes No
- Minister of Government. Yes No
- Member of the Judiciary. Yes No
- Member of any house of Parliament. Yes No
- Official of any political Party. Yes No
- Military official above the rank of Captain. Yes No
- Member of the police of or above the rank of Assistant Commissioner. Yes No
- Director or Chief Executive of any company in which the Government owns a controlling interest Yes No
- Senior management position in an international organization. Yes No
- 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. Yes No

If yes explain:

SECTION D: SPOUSE INFORMATION (if applicable)			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (dd-mm-yyyy)	T.R.N.:
First Name: _____	Middle Name: _____	Surname Name: _____	Maiden Name: _____
Current Home Address: (Street)		Telephone Number: (Home)	Telephone Number: (Cell)
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	Telephone Number: (Work)	Telephone Number: (Fax)
Parish:	Country:	Nationality:	Email:
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)		<input type="checkbox"/> Full-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Self Employed: (state nature of business) <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired	
Name of Employer/Business:		Employed Since: (dd-mm-yyyy)	
Address of Employer/Business:		Is the spouse/parent/guardian expected to make lodgements to this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	If yes, what is the Source of Funds? _____	
Parish:	Country:	Actual Yearly Salary/Income:	

SECTION E: HOW ELSE CAN WE CONTACT YOU (Nearest Relative NOT Living with you)Title: _____ Sex: Male Female Mr. Mrs. Miss Other: _____

First Name: _____ Middle Name: _____ Surname Name: _____ Alias: _____

Current Home Address: (Street)	City/Town/District:	Parish:
Country:	Nationality:	Relation to Applicant:
Name of Employer/Business/School:	Telephone Number: (Home)	Telephone Number: (Cell)
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)	Telephone Number: (Work)	Email:
Employer/Business/School Address: (Street)	City/Town/District:	
P.O. Box/Postal Zone/Zip Code:	Parish:	Country:

SECTION F: VERIFICATION OF ADDRESS

- Recent original utility bill in the name of the applicant **OR**
 Recent correspondence (within the last three (3) months) in the applicant's name and bearing the same address (from government, financial institution or place of employment)

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

Acceptable References include:

- JDF Credit Union Board/Committee Member JDF Credit Union Employee at supervisory level, employed for more than one (1) year JP/Notary Public Medical Doctor
 Police Officer (Rank of Inspector or Higher) JDF Credit Union Member for more than two (2) years and in good standing Attorney-at-Law Principal
 Manager of another Financial Institution where the applicant has an account in good standing (letter must state same) Minister of Religion Employer (HR Manager or Higher)

FOR OFFICIAL USE ONLY: REFERENCES VERIFIED**REFERENCE 1**Title: Mr. Mrs. Miss
 Other: _____

First Name: _____ Middle Name: _____ Surname Name: _____

Current Home Address: (Street)	City/Town/District:	Parish:
Country:	Nationality:	Type of Reference: How long have you known the applicant: _____ Years
Name of Employer/Business:	Telephone Number: (Home)	Telephone Number: (Cell)
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)	Telephone Number: (Work)	Email:
Employer/Business Address: (Street)	City/Town/District:	
P.O. Box/Postal Zone/Zip Code:	Parish:	Country:

REFERENCE 2Title: Mr. Mrs. Miss
 Other: _____

First Name: _____ Middle Name: _____ Surname Name: _____

Current Home Address: (Street)	City/Town/District:	Parish:
Country:	Nationality:	Type of Reference: How long have you known the applicant: _____ Years
Name of Employer/Business:	Telephone Number: (Home)	Telephone Number: (Cell)
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)	Telephone Number: (Work)	Email:
Employer/Business Address: (Street)	City/Town/District:	
P.O. Box/Postal Zone/Zip Code:	Parish:	Country:

SECTION H: CITIZEN INFORMATION

Are you a citizen of the United States of America? Yes No Are you a United States of America Green Card holder? Yes No Were you born in the United States of America? Yes No Are you a United States of America Resident? Yes No Other country apart from Jamaica and the United States: _____

US Address: (Street)		
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	US Telephone Number:

SECTION I: UPDATING ACCOUNTIn keeping with governmental regulations, the personal information on all accounts maintained at the Credit Union **MUST** be updated every seven (7) years, or as deemed necessary.**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: OBTAINING INFORMATION

I authorize the Credit Union to obtain additional information from other sources as 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 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 conform 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.

Herewith please find the sum of \$ _____ being as follows:

Permanent Shares: \$ _____

Voluntary Shares: \$ _____

Entrance Fee: \$ _____

Other: \$ _____

Total: \$ _____

Signature of Applicant: _____ Witness to Signature of Applicant: _____

Manager/Authorized Signature: _____ Date Approved: _____

FOR OFFICIAL USE ONLY:

APPROVAL OF MEMBERSHIP

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

MEMBER ACCOUNT NUMBER: _____

President/Chairman or Designate: _____ **Secretary or Designate:** _____

APPLICATION FORM

Access Plus™

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <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		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
			Date of Birth: (dd-mm-yyyy)		Staff/Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:		Middle Name:		Surname:	
Current Home Address: (Street)			Telephone Number: (Home)		Telephone Number: (Cell)
City/Town/District:		P.O. Box/Postal Zone/Zip Code:		Telephone Number: (Work)	
				Telephone Number: (Fax)	
Parish:		Country:		Email:	
Signature of Applicant: _____				Date: _____	

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

Name of Credit Union: **JDF 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	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	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).

Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %

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:

I declare that the present nomination was deposited with the Credit Union on

Signature of Secretary or Designate of the Credit Union:

Access Plus™

FOR INTERNAL USE ONLY

ACCOUNT TYPES	ACCOUNT NUMBERS	AVAILABLE BALANCES	ACCOUNT # _____		
01 CHEQUING		\$	REASON	ATM LIMIT	POS LIMIT
02 SAVINGS		\$			
03 EASI LOAN		\$	ID TYPE	ID #	
04 SHARES		\$			

6	0	1	4	9	4														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prepared: Checked: