

## BENEFICIARY INFORMATION:

I \_\_\_\_\_  
SURNAME FIRST OTHER NAME

ADDRESS: \_\_\_\_\_ MAILING \_\_\_\_\_

PERMANENT ADDRESS

Hereby apply for Membership in the Communal Co-operative Credit Union

Own Property  Leasing  Renting

Duration of Lease Agreement: Years  or Renting Monthly

### PERSONAL INFORMATION:

Date of Birth : \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex ( )

Occupation : \_\_\_\_\_ Nationality: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Tel # : \_\_\_\_\_

Fax # : \_\_\_\_\_ Email Address \_\_\_\_\_

Passport or ID No : \_\_\_\_\_ Home Tel #: \_\_\_\_\_

Fax# : \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name and Address: \_\_\_\_\_

REGISTRATION FEE \$ 20 \*Do You belong to any other Credit Union? Yes  No

NO. OF SHARES BOUGHT: \_\_\_\_\_ VALUE OF SHARES: \_\_\_\_\_

VALUE OF DEPOSITS : \_\_\_\_\_

I hereby agree to abide by the rules now in force or any which may be made hereafter.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

1. NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PHONE \_\_\_\_\_

PASSPORT or ID # : \_\_\_\_\_

Relationship of beneficiary to applicant: \_\_\_\_\_

Percentage: \_\_\_\_\_

2. NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PHONE \_\_\_\_\_

PASSPORT or ID # : \_\_\_\_\_

Relationship of beneficiary to applicant: \_\_\_\_\_

Percentage: \_\_\_\_\_

3. NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PHONE \_\_\_\_\_

PASSPORT or ID # : \_\_\_\_\_

Relationship of beneficiary to applicant: \_\_\_\_\_

Percentage: \_\_\_\_\_