 **Mabouya Valley Co-operative Credit Union Society Limited**

*Richfond, Dennery, St Lucia*

*Post Office Box QRS210*

Tel: (758) 453-8024 / 453-3819 Mobile: (758)720-5204 Fax: (758 453-3416 Int’l: 1 (347) 298-1288 Email: info@mvccu.net

**Signature Form: Organization/Business/Company/Club/School**

Date of application: ……………………………………. Account No.: ……………………………..

Name of Business: …………………………………………………………………………………………………………………………………………

Nature of Business: ………………………………………………………………………………………………………………………………………...

Date of Registration: ……………………………. Registration No.: ……………………………….

At a meeting of the organization held on ………………………………………………………………………………………………..

It was agreed that the following members be authorized to sign and withdraw monies from the above account of the organization held at the Mabouya Valley Co-operative Credit Union Society Limited.

1. Name: ………………………………………………………………………………………………………………………………………………..

Position: ……………………………………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………… Country of Birth: ……………………………….

Date of Birth: …………../………./……… Gender: (a) Male (b) Female Nationality: ……………………………………..

 Marital Status: (a) Single (b) Common Law (c) Married (d) Divorce (e) Seperated

Identification: NIC #: …………………. ID #: …………………. Passport #: ……………….. Drivers’ Licence ……………………

 Expiry Date: ………/……...../………

Contact Details: Home: …………………… Mobile: ………………… Work: …………………. Email: ……………………………………………

 **Signature: …………………………………………**

1. Name: ………………………………………………………………………………………………………………………………………………..

Position: ……………………………………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………… Country of Birth: ……………………………….

Date of Birth: …………../………./……… Gender: (a) Male (b) Female Nationality: ……………………………………..

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 Expiry Date: ………/……...../………

Contact Details: Home: …………………… Mobile: ………………… Work: …………………. Email: ……………………………………………

 **Signature: ……………………………………………..**

1. Name: ………………………………………………………………………………………………………………………………………………..

Position: ……………………………………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………… Country of Birth: ……………………………….

Date of Birth: …………../……. / …………. Gender: (a) Male (b) Female Nationality: ……………………………………..

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Identification: NIC #: …………………. ID #: …………………. Passport #: ……………….. Drivers’ Licence ……………………

 Expiry Date: ………/……...../………

Contact Details: Home: …………………… Mobile: ………………… Work: …………………. Email: ……………………………………………

 **Signature: ………………………………………………**

It was also agreed that:  All signatories must sign  any two signatories must sign

 Anyone and the Treasurer must sign  Other Please specify

 **Secretary: ………………………………………… President/Chairperson: ………………………………………………..**

…………………………………………………………

Signature of Credit Union Official

**For Official Use Only**

Processed by Name: …………………………………….. Signature: ……………………………………….