 **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

**Membership Application Form**

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

 Name: ………………………………………………………………………………………………………… Nickname: ……………………………

Residential Address: ……………………………………………………………………………………………………………………………………….

Mailing Address: …………………………………………………………………………………………………………………………………………...

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

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

Name of Employer: ………………………………………………………………………………………………………………………………………..

Employment Address: ……………………………………………………………………………………………………………………………………...

Occupation/Position: ……………………………………………………………………………………………………………………………………….

Employment Status: (a) Permanent (b) Contract (c) Temporary (d) Self Employed

**Foreign Account Tax Compliance Act (FATCA) Requirements**

Are you a United States Citizen or Permanent residence? (a) Yes (b) No Social Security No. …………………. TIN No……………………

**Account Profile**

Are you a member of any other Credit Union? (a) Yes (b) No

If “yes” please state: ………………………………………………………………………………………………………………………………………..

Other products applied for: (a) Family Imdemnity Plan (b) Loan

**I qualify for membership of the Mabouya Valley Co-Operative Credit Union Society Limited by virtue of:**

(a) Birth (b) Residence (c) Spouse or parent is a member of the Credit Union (d) work in the area of operation

Other, please specify: ……………………………………………………………………………………………………………………………………

**APPOINTMENT OF NOMINEE/BENEFICIARY**

**I hereby nominate the following person(s) to whom or to who’s Credit the share or interest or the value of such share or interest held by me in the Mabouya Valley Co-Operative Credit Union Society Limited. Shall in the event of my death be paid or transferred (in the proportions respectively shown hereunder).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **D.O.B** | **Contact No.** | **RELATIONSHIP** | **PROPORATION TO BE PAID****%** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**If beneficiary is a minor (under the age of 16) you are required to name a legal guardian**

Name: ……………………………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………………….

Relationship: …………………………………………………………………………………………………………………………………………….

**Please note that upon Minors reaching the age of 16 years, the above named guardian would be considered null and void.**

(a) **I hereby agree to purchase forty (40) permanent shares in the Mabouya Valley Co-operative Credit Union Limited. I agree to conform to the By Laws of the Credit Union and the Co-operative Societies Act.**

(b)  **Depositor Only**

………………………………………………

**Signature Member/Applicant**

**Internal Use:**

Created by Name: ……………………………………… Verified by: Name: ………………………………….

Approval Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_