

SPIRIT OF THE CALABASH ACCOUNT APPLICATION

ACCOUNT	`NO			DATE		
1. I			wish to apply to open a			
SOCA/Junio	or Account for the minor applicant					
2. DETAILS	OF MINOR APPLICANT (P	LEASE PRINT	")			
SURNAME			FIRST/SECOND NAMES			
DATE OF BIRTH			. AGE			
SCHOOL			MALE	FEMALE		
PASSPORT (COUNTRY & NUMBER)			OTHER ID (TYPE & No))		
COUNTRY OF RESIDENCE			PLACE OF RESIDENCE	B		
MAILING ADDRESS			E-MAIL ADDRESS			
WHAT IS YOUR						
ANTICIPATEI	TURNOVER/ ACTIVITY (Dej	•				
[Deposits]	WEEK (\$)	MONTH (\$)		YEAR (\$)		
	WEEK (#)	MONTH (#)		YEAR (#)		
[Withdrawals]	WEEK(\$)	MONTH(\$)		YEAR (\$)		
	WEEK(#)	MONTH(#)		YEAR (#)		
SOURCE OF DEF	POSITS					
SOURCE OF INIT	TIAL DEPOSIT					
NATURE OF TRA	ANSACTIONS: CHEQUES	CASH \square	DIRECT DEBIT	OTHER		
4. DETAILS	OF PARENT/ GUARDIAN					
NAME			RESIDENCE			
MAILING ADDRESS			TEL NO			
PLACE OF WORK			EMAIL			

(Please note that if the Co-applicant is the parent, the information provided on this form will be used to update and or amend your membership Account and that by signing this form you have given permission to the St Lucia Civil Service Co-operative Credit Union trading as JANNOU to do so.)

5	CO-APPLICANT (person opening the account)					
	NAME(PRINT)					
	MEMBER'S ACCOUNT NO					
	RELATIONSHIP TO APPLICANT*(Insert Number from list below)					
	PARENT [1] SIBLING [2] UNCLE / AUNT [3] NIECE / NEPHEW [5] GRANDPARENT [6] GUARDIAN [7] Other [8]					
6.	I agree that upon the minor attaining the age of 16 this account is to be closed and all funds from this account are to be handled as follows: Applicant Initial					
	Transferred into the Account of the Co-applicant Paid Out to the Minor					
	Used to open a Member Account for the Minor Other					
a) b) c) d) e) f) j) k)	certain credit union services subject to the Credit Union's Terms and Conditions. That all details stated in this application are true, accurate and complete. That the Applicant / Co Applicant will immediately notify the Credit Union as of all changes in any details provided herein. That the Account will not be used for fraudulent activity, money laundering or any criminal offence whatsoever. That all supporting documentation for all transactions to and from the Account shall be provided to the Credit Union immediately upon request. That the Applicant/ Co-Applicant has received, thoroughly examined and agreed to be bound by the Credit Union's Terms and Conditions and Credit Union fees and charges as amended from time to time and understands that the Individual application along with the Credit Union's Terms and Conditions constitute a legally binding agreement between the Applicant and the Credit Union. That the Applicant/ Co-Applicant agrees that the Credit Union can disclose Account information to relevant authorities under the appropriate legislation. That the Applicant/Co-Applicant agrees to the processing by the Credit Union of the information/date concerning the application in accordance with applicable laws. That the Applicant/Co-Applicant agrees that the Credit Union may at any time and without notice to the applicant combine and consolidate all and any accounts with the credit union in the individuals name or to whom the individual is beneficially entitled and or set off any money whatsoever regardless of the type of account with which the funds are held. That the Applicant/Co-Applicant agrees to provide the Credit Union on request such information regarding its affairs as the Credit Union thinks fit to verify the correctness and completeness of any information furnished by the Applicant/Co-Applicant and authorizes such persons to release such information to the Credit Union. That the Applicant/Co-Applicant complies with all laws and regulations imposed on it by any applicable					
k) l)						

SIGNATURE OF APPLICANT

DATE.....

FOR OFFICIAL USE ONLY

Compli	ance Recommendation For:			
Applic	ant:			
RRatir	g Yes	No	DATE	
Co-Ap	plicant:			
RRatir	g Yes	No	DATE	
BOARI	DECISION:			
	APPROVED	DATE		
	NOT APPROVED	DATE		
DEFFERED DATE				
	MANAGER/SECRETARY			
ENTRANCE FEE PAID			TE PAYMENT MADE	
CREDIT	DEPOSIT ACCOUNT:	RE O	CEIPT NO:	
TOTAL SHARE (S) PAID			TELLER'S SIGNATURE AND NUMBER	