

ST MARY'S CO-OPERATIVE CREDIT UNION LTD
JOINT MEMBERSHIP APPLICATION

ACCOUNT NUMBER _____ **ACCOUNT TYPE** _____ **STAFF ID** _____

Applicant 1

Surname: _____ First name: _____
Middle Name: _____ Alias: _____
Male: _____ Female: _____ Date of Birth: _____/_____/_____

IDENTIFICATION

Social Security Passport Driver's License National ID
ID Number _____ Country _____
ID Number _____ Country _____
Nationality: _____ Dual Nationality Yes No
Tax Identification number (TIN)(American citizens) _____
Address: _____

Tele: _____ Email address: _____

Applicant 2

Surname: _____ First name: _____
Middle Name: _____ Alias: _____
Male: _____ Female: _____ Date of Birth: _____/_____/_____

IDENTIFICATION

Social Security Passport Driver's License National ID
ID Number _____ Country _____
ID Number _____ Country _____
Nationality: _____ Dual Nationality Yes No
Tax Identification number (TIN)(American citizens) _____
Address: _____

Tele: _____ Email address: _____

- We, the undersigned, hereby apply for membership of and agree to abide by the policies of the St. Mary's Co-operative Credit Union.
- All shares and deposits in the Credit Union will be held jointly by us. On the death of a joint member, all his/her funds in the joint tenancy shall become the property of the surviving tenant.

Joint Account mandate

The individual(s) authorized to operate the account is

Only _____

Any one of us

Only by the signature of both

Applicant 1 (Name) _____

Signature _____

Date _____

Applicant 1 (Name) _____

Signature _____

Date _____

Witness Name _____

Signature _____

Date _____

Witness Name _____

Signature _____

Date _____

FOR OFFICIAL USE ONLY			
Account # _____	Date opened ____/____/____		
Risk: High <input type="checkbox"/>	Medium: <input type="checkbox"/>	Low: <input type="checkbox"/>	PEP <input type="checkbox"/>
Approved by: _____		Date: ____/____/____	

Application denied

By Management _____

Remarks _____

