

APPLICATION FOR MINORS (DEPOSITORS)

I (MR. MRS. MS.).....
(PARENT'S NAME IN BLOCK CAPITALS)

ON BEHALF OF
(CHILD'S NAME IN BLOCK CAPITALS)

Address: Home School
.....

Tel. No.....

Cell. No..... Email.....

Hereby make application for a deposit account with

THE ST. LUCIA TEACHERS' CREDIT CO-OPERATIVE LIMITED

And agree to conform to the By-Laws thereof and to the Co-operative Societies' Act and Rules and any amendments thereof.

He/She already belongs to the following Co-operative Societies:

(1).....

(2).....

Date of Birth (dd/mm/yy): ID:
(of child)

Signature: Date:
(on behalf of child)

FOR OFFICIAL USE ONLY

Approved by the Committee of Management [] Date
Approved by the General Meeting [] Date
Enrolled as a probationer [] Date
Enrolled as a member [] Date
Entrance Fee of \$.....Paid..... [] Date

Date..... Secretary

Name of Society: **THE ST. LUCIA TEACHERS' CREDIT CO-OPERATIVE LIMITED**

APPOINTMENT OF BENEFICIARIES

In accordance with Section 17 of the Co-operative Societies' Act, Chapter 82, Rule 8 of the Co-operative Societies' Rules, made there under, and the By-Laws of the above mentioned Society, I hereby nominate the following person(s) to whom or to whose credit the share or interest or the value of such share or interest held by me in the said Society shall in the event of my death be paid or transferred (in the proportions respectively shown hereunder).

Beneficiaries & Relation	Address / Telephone No.	Proportion to be Paid or Transferred
(1)		
(2)		
(3)		
(4)		
(5)		

Signature of Parent Date

Attesting Witness 1 Date

Attesting Witness 2 Date

Recorded in Register of Members on

.....
Secretary