

**APPLICATION FOR MEMBERSHIP**

Account # \_\_\_\_\_

Date of Application \_\_\_\_\_

I (MR. MRS. MS.).....  
(NAME IN BLOCK CAPITALS)

Hereby make application for membership of

**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.

I already belong to the following Co-operative Societies:

- (1).....
- (2) .....

Proposed by..... A/C # .....

Eligibility.....

**Applicant Details**

Marital Status: Single [ ] Married [ ] Divorced [ ] Common-Law [ ] Separated [ ]

Date of Birth (mm/dd/yy): ..... NIC #: .....

National ID: ..... Passport No..... Drivers' License .....

Home Address: ..... Postal Address: .....

Home Tel: ..... Mobile No: .....

Email: .....

Signature: ..... Date: .....

**Employment Details**

Work Place..... Work Address .....

Occupation..... Telephone No.....

Work Status: Permanent  Temporary  Contract  Self Employed

Employee ID No.....

**Politically Exposed Person Status**

Yes                      No

**Describe how you are politically exposed**

.....  
 .....

**Purpose of Account:** ..... If 'Other' Please specify .....

**Potential Monthly Activity Information:**

Opening Deposit Amount	XCD
Monthly Deposits	XCD
Monthly Withdrawals	XCD
Declared Source of Funds for Funding Account	

**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 to Member	Address	Telephone No.	Proportion to be Paid or Transferred
(1)				
(2)				
(3)				
(4)				
(5)				

Signature of Applicant .....

Date .....

**For Official Use**

Recorded in Register of Members on ...../...../.....

A/C # \_\_\_\_\_

I have verified and retained the following documents in compliance with section 9.1.1 of the AML policy of SLTCC.

- Utility Bill
- Salary Slip / Job letter
- Driver's License
- National ID card
- Passport
- Birth Certificate
- Marriage Certificate

.....  
 Customer Service Rep.

.....  
 Approved on behalf of Secretary

