

GATEWAY CO-OPERATIVE CREDIT UNION LIMITED

MEMBERSHIP APPLICATION

I.....
First Surname other name(s) in block letters Sex

Address:.....

Date of birth/...../..... Passport / ID No:.....
DD MM YYYY

Marital Status:..... Occupation:.....

Phone Number Home:..... Work:.....

Place of Employment:.....

Next in Kin:..... Phone no:.....

Recommended by:.....

Hereby apply for membership in the above name Credit Union. I am a

.....
Nationality Residing at

Which forms the common bond for membership in the said Credit Union. I hereby agree to abide by the rules now in force or any which may be hereafter.

Beneficiary Information:

Name:..... Address:.....

Occupation:.....Phone no.:..... Passport / ID:.....

Relationship of beneficiary to applicant:..... Percentage:.....

Name:..... Address:.....

Occupation:.....Phone no.:..... Passport / ID:.....

Relationship of beneficiary to applicant:..... Percentage:.....

Name:..... Address:.....

Occupation:.....Phone no.:..... Passport / ID:.....

Relationship of beneficiary to applicant:..... Percentage:.....

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

If yes, give name(s) of Credit Union

Signature of Applicant:..... Date of Application:.....

FOR OFFICE USE:

Registration Fees \$:.....

Pass Book Fee \$:.....

By-Laws Fee \$:.....

Administration Fee \$:.....

No. of Shares Bought \$:.....

Value of Shares \$:.....

Value of Deposits \$:.....

PLEASE NOTE:

1. A member must hold a minimum of five (5) shares on Entry (\$5.00 a share)
2. A member shall pay contributions to the Value of at least Twenty Five (25) ordinary shares within the first six (6) months of membership.
3. Shares are Not withdrawable on demand.

ACCOUNT NO.:..... DATE JOINED:.....

PASS BOOK NO.:..... TYPE OF ACCOUNT:.....

SIGNED

.....
PRESIDENT

.....
SECRETARY