

# CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION

## INDIVIDUAL MEMBERSHIP APPLICATION FORM



C/o Catholic Mission  
P.O. Box 165, Banjul  
The Gambia  
Tel: (220) 4374945, Mob:  
3423970  
Fax: (220) 4374945

### FOR INTERNAL USE ONLY

Name of Credit Union	
Branch	
Date of Application	

Photo

### PERSONAL INFORMATION

Mr./Mrs./Ms.	Surname:	Name:	Middle Name:
Date of birth (D/M/Y) / /	Marital Status: Married / Single / Divorced / Widow		No. of Dependents:
<b>Form of Identification (attach a copy)</b> Gambian Identity Card / Passport / Driver's License ID # PC # DL #			<b>All documents available:</b> YES / NO <b>When to submit pending document:</b>
Home Address:			
Home Tel. No.:		e-mail:	
Employer's address:			
Occupation:		Work Tel. No.	
1.Next Of Kin:		1.Tel. No.	
Relationship:		Email add.:	
2.Next Of Kin:		2. Tel. No	
Relationship:		Email add:	
Dual Membership: Yes.....No.....		CU:	
<b>Initial Deposit (GMD)</b>		<b>Savings (GMD)</b>	
How often will you deposit? Daily ...Weekly... Monthly ...		<b>Shares (GMD)</b>	

### APPLICANT'S DECLARATION

I hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform to the Rules and amendments thereof, and subscribe at least one share.

SIGNATURE OF APPLICANT

DATE

### FOR OFFICIAL USE ONLY

The Relationship Officer of CESCCU confirms that the Membership Application Form is duly completed and signed by \_\_\_\_\_ (applicant). That the documents submitted are photocopies of the original copies, originally sighted and verified.

.....  
Name of Relationship Manager

.....  
Head of Operations