

JOINT MEMBERSHIP APPLICATION FORM



C/o Catholic Mission
P.O. Box 165, Banjul
The Gambia
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FOR INTERNAL USE ONLY

Name of Credit Union	
Branch	
Date of Application	

PHOTO

ACCOUNT NAME:

(1) PERSONAL INFORMATION

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

(2) PERSONAL INFORMATION

Mr./Mrs./Ms.	Names:		
Date of birth (D/M/Y) / /	Marital Status: Married / Single / Divorced / Widow		No. of Dependents:
Form of Identification (attach a copy) Gambian Identity Card / Passport / Driver's License ID # PC # DL #			All documents available: YES / NO When to submit pending document:
Home Tel. No.:			
Occupation:		Tel. No.	
1.Next Of Kin:		1.Tel. No.	
Relationship:		Email add.:	
2.Next Of Kin:		2. Tel. No	
Relationship:		Email add:	

Dual Membership:	Name Of CU:
How often will you deposit? Daily ...Weekly... Monthly ...	

(3) PERSONAL INFORMATION

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

(4)PERSONAL INFORMATION

Mr./Mrs./Ms.	Names:		
Date of birth (D/M/Y) / /	Marital Status: Married / Single / Divorced / Widow		No. of Dependents:
Form of Identification (attach a copy) Gambian Identity Card / Passport / Driver's License ID # PC # DL #			All documents available: YES / NO When to submit pending document:
Home Tel. No.:			
Occupation:		Tel. No.	
1.Next Of Kin:		1.Tel. No.	
Relationship:		Email add.:	
2.Next Of Kin:		2. Tel. No	
Relationship:		Email add:	
Dual Membership:		Name Of CU:	
How often will you deposit? Daily ...Weekly... Monthly ...			

APPLICANT'S DECLARATION

We 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. We authorize to obtain any information it may require, relating to this application from any source it deems relevant and We agree to conform to the Rules and amendments thereof, and subscribe at least one share.

(1)..... (2)..... (3)..... (4).....
 SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT
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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