

CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION**SME / ASSOCIATION / SOCIETY MEMBERSHIP APPLICATION FORM**

C/o Catholic Mission
P.O. Box 165, Banjul
The Gambia
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cescu97@yahoo.com

FOR INTERNAL USE ONLY

Name of Credit Union	
Branch	
Date of Application	

NAME OF ACCOUNT:

Nature of Business:	
Address:	
Contact Number:	Website:
Office e-mail:	Post Code:
Source of funding:	
Initial Deposit (GMD)	Savings (GMD)
How often will you deposit? Daily ...Weekly... Monthly ...	Shares (GMD)

PERSONAL INFORMATION (1)

Mr./Mrs./Ms.	Surname:	Name:	Middle Name:
Date of birth (D/M/Y) / /	Marital Status: Married / Single / Divorced / Widow		No. of Dependents:
Form of Identification (attach a copy) PC / ID Card/ Driver's Lic. ID No. _____ TIN _____ Permit Card No. _____ (for non-Gambians)			All documents available: YES / NO When to submit pending document:
POSITION			SIGNATURE

PERSONAL INFORMATION (2)

Mr./Mrs./Ms.	Surname:	Name:	Middle Name:
Date of birth (D/M/Y) / /	Marital Status: Married / Single / Divorced / Widow		No. of Dependents:
Form of Identification (attach a copy) PC / ID Card/ Driver's Lic. ID No. _____ TIN _____ Permit Card No. _____ (for non-Gambians)			All documents available: YES / NO When to submit pending document:
POSITION			SIGNATURE

PERSONAL INFORMATION (3)

Mr./Mrs./Ms.	Surname:	Name:	Middle Name:
Date of birth (D/M/Y) / /	Marital Status: Married / Single / Divorced / Widow		No. of Dependents:
Form of Identification (attach a copy) PC / ID Card/ Driver's Lic. ID No. _____ TIN _____ Permit Card No. _____ (for non-Gambians)			All documents available: YES / NO When to submit pending document:
POSITION			SIGNATURE
REFERENCE FOR SME ACCOUNT:			
I _____ of _____			
Trading As (T/A) _____, banking with _____			
(Account No. _____) hereby declare that I know Mr./Mrs./Miss _____			
T/A _____			
Since _____ (year) and that the business is genuine and viable.			
SIGNATURE:		DATE:	
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.			
(1)..... SIGNATURE OF APPLICANT	(2)..... SIGNATURE OF APPLICANT	(3)..... SIGNATURE OF APPLICANT	

FOR OFFICIAL USE ONLY

The Relationship Officer of CESSCU 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.

Vetted by:**Approved by:**

Relationship Manager

Head of Operations