



APPLICATION FOR SINGLE MEMBERSHIP

COB CARES (Teen/Youth)

Member No [] Shares A/c# [] Deposits A/c# []

I [] [] []

(Christian Name)

(Middle Name)

(Surname)

hereby make application for membership of the City of Bridgetown Co-operative Credit Union Limited. I hereby agree by means of the making of this Application to conform to the By-laws and to the rules of the Credit Union and any amendments thereof. I already belong to the following Co-operative Societies:

[]

Nationality []

(For permanent residents of Barbados and the Caribbean Single Market :- Please produce appropriate proof of residency status and citizenship of a Caribbean jurisdiction)

Residential Address []

[] Country []

Postal/Zip [] Marital Status []

Mailing Address []

Telephone No [] Mobile No []

Employer [] Please tick this box if retired

Occupation [] Telephone No []

National Registration No [] Date of Issue []

Date of Birth [] Sex M F

Passport No [] Date of Issue [] Expiry Date []

Email Address [] Other Photo ID []

TERMS AND CONDITIONS OF SINGLE MEMBERSHIP

1. On commencing membership of the Credit Union, a minimum deposit of fifty dollars (\$50.00) is to be made to the established account. Membership fees as determined by Credit Union shall apply and membership is subject to confirmation by the Executive Directors of the Credit Union.
2. Interest rates are subject to change at the discretion of the Credit Union or at the discretion of the Registrar of Co-operatives and such changes will be communicated to the member in a timely manner.
3. Members are required to have a minimum of ten shares (\$50.00) on their account in order to retain membership. Accounts with less than the required minimum will be closed and the membership withdrawn.
4. C.O.B may at its discretion at any time and with or without notice to the account holder, assert a lien on the balance of the account and apply all or any part thereof to any debt whether secured or unsecured that may then be owing to COB and provide a receipt to the Account Holder reflecting the amount applied to the debt.
5. This Agreement shall become effective upon the deposit at the address of COB, complete with the relevant signatures attached, an initial deposit of not less than \$50.00, in addition to a membership fee as determined by the Board of Directors and shall be governed by the Laws of Barbados in all respects, including and without limitation, matters of title, construction, validity performance and discharge, and shall not be waived, altered, monitored or amended as to any of its terms or provisions except those to which COB may specifically consent in writing.

I hereby acknowledge that I have read and understood the above terms and conditions and that I agree to be bound by the terms and conditions of this application for membership.

Applicant's Signature

Date

MSR's signature

Education

- Primary Secondary Tertiary Post Graduate

Documents provided

Proof of Address

- Utility
 Bank Statement

Valid Identification

- National Identification Card
 Driver's License
 Barbados Passport

PLEASE COMPLETE THE REQUIRED FIELDS BELOW

How did you find out about the COB Credit Union and its products and services?

- Radio advertising Print advertising Television
 The Internet Word of mouth communication
 COB Member Referral COB staff member referral

Other (Please indicate)

Purpose of Account

Name of Personal Reference

Address

Telephone No (land line only)