



NEVIS CO-OPERATIVE CREDIT UNION LIMITED

P.O. Box 452, Chapel Street, Charlestown, Nevis, West Indies
Tel: (869) 469 – 5634 * Fax: (869) 469 – 1956 * E-Mail: nccu@caribsurf.com

Affiliated to the St. Kitts & Nevis National Co-operative League

No. _____

MEMBERSHIP APPLICATION FORM – (A)

I/We, (Mr./Mrs./Ms./Dr.) _____

(Name in Block Letters)

hereby make application for membership of the

NEVIS CO-OPERATIVE CREDIT UNION LIMITED

I/We agree to conform to the By-Laws and Policies thereof, and to the Co-operative Societies Act and Regulations and any amendments thereof.

I/We already belong to the following Co-operative Society: -

Signature: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____

Telephone: (H) _____ (W) _____ (Cell) _____

Email: _____

Date: _____

Proposed by: _____ Seconded by: _____

Special Products/Services Required

Internet Teller
 ATM/Debit Card

US Savings Account
 Trust/Minors Account

NEVIS CO-OPERATIVE CREDIT UNION LIMITED

APPOINTMENT OF NOMINEE

In accordance with Section 97 thru 100 of the Co-operative Societies Act, 1995; Rule 7 of the Co-operative Societies Regulations, 1997 made thereunder; and the By-Laws of the above named Society, I/We hereby nominate the following person(s) to whom or to whose credit the shares, deposits or interest or the value of such shares, deposits or interest held by me/us in the said Society shall in the event of my death/the dissolution of our organization/institution/business be paid or transferred in the proportions respectively shown hereunder.

| NOMINEE(S) | ADDRESS | Proportion to be paid or transferred |
|-------------------|----------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Signature of Member: _____

Date: _____

Attesting Witnesses: 1 _____

Date: _____

2 _____

Date: _____

Recorded in Register of Members: _____

Secretary