

<b>Account Type:</b> <input type="checkbox"/> Adult <input type="checkbox"/> Child	APPLICATION FORM	Date: (dd-mm-yyyy)
Name: Member Number:		<b>UPDATE DUE DATE:</b> (dd-mm-yyyy)
<b>SECTION A: APPLICANT INFORMATION</b>		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____	Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: (dd-mm-yyyy) T.R.N.:
First Name: _____ Middle Name: _____ Surname Name: _____	Maiden Name: _____	Alias: _____
Current Home Address: (Street)	City/Town/District/P.O. Box/Postal Zone/Zip Code:	Parish/Milestone/Directions: (if applicable)
Country:	Nationality:	
Mailing Address: (if different from above address)	Telephone Number: (Home)	Telephone Number: (Cell)
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	Telephone Number: (Fax)
Parish:	Country:	Email:
Previous Home Address: (Street)	City/Town/District:	Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____ Time at this Address: <input type="checkbox"/> Year(s) <input type="checkbox"/> Month(s)
P.O. Box/Postal Zone/Zip Code:	Country:	Number of Dependent(s): Age of Dependent(s):
<b>SECTION B: APPLICANT'S IDENTIFICATION INFORMATION (FOR CHILD - BOTH SECTIONS MUST BE COMPLETED)</b>		
ADULT APPLICANT & PARENT/GUARDIAN OF CHILD APPLICANT: <input type="checkbox"/> D/License <input type="checkbox"/> Passport <input type="checkbox"/> National ID (Voters Card/Electoral Card/Citizenship Card) ID Number: _____ Expiry Date: _____ (dd/mm/yyyy)		CHILD APPLICANT: <input type="checkbox"/> Birth Certificate & Certified Photo/School ID <b>OR</b> <input type="checkbox"/> Passport ID Number: _____ Expiry Date: _____ (dd/mm/yyyy)
<b>SECTION C: EMPLOYMENT STATUS &amp; OTHER INFORMATION</b>		
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)	<input type="checkbox"/> Full-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Self Employed: (state nature of business) <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired _____	
Do you hold a prominent public position such as senior government official, senior civil servant, politician, senior police or army officer? <input type="checkbox"/> Yes <input type="checkbox"/> No Position Held: _____		
Are you immediately related to or closely associated with any person in any of the above-mentioned positions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: _____	Are you related to an employee, relative or volunteer of NPCB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name: _____ Relation: _____	
Name of Employer/Business/School:	Telephone Number:	Employed/Attending School Since: (dd/mm/yyyy)
Employer/Business/School Address:	Source of Funds:	Annual Salary/Income: (\$)
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	Expected Deposit Amount: <input type="checkbox"/> Annually: _____ <input type="checkbox"/> Monthly: _____ <input type="checkbox"/> Fortnightly: _____ <input type="checkbox"/> Weekly: _____
Parish:	Country:	Currency: (for Income Received)
<b>SECTION D: FAMILY INFORMATION</b>		
<input type="checkbox"/> SPOUSE: (Re: Adult)		<input type="checkbox"/> PARENT/GUARDIAN: (Re: Child)
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____	Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: (dd-mm-yyyy) T.R.N.:
First Name: _____ Middle Name: _____ Surname Name: _____	Maiden Name: _____	Relation to Applicant:
Current Home Address: (Street)	Telephone Number: (Home)	Telephone Number: (Cell)
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	Telephone Number: (Work)
Parish:	Country:	Nationality:
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)	<input type="checkbox"/> Full-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Self Employed: (state nature of business) <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired _____	
Name of Employer/Business:	Employed Since: (dd-mm-yyyy)	
Address of Employer/Business:	Is the spouse/parent/guardian expected to make lodgements to this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/Town/District:	P.O. Box/Postal Zone/Zip Code:	If yes, what is the Source of Funds? _____
Parish:	Country:	Actual Yearly Salary/Income:
		Actual Yearly Salary/Income:

**SECTION E: HOW ELSE CAN WE CONTACT YOU (Nearest Relative NOT Living with you)**

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name: _____		Middle Name: _____		Surname Name: _____	
Current Home Address: (Street)		City/Town/District:		Parish:	
Country:		Nationality:		Relation to Applicant:	
Name of Employer/Business/School:		Telephone Number: (Home)		Telephone Number: (Cell)	
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)		Telephone Number: (Work)		Email:	
Employer/Business/School Address: (Street)				City/Town/District:	
P.O. Box/Postal Zone/Zip Code:		Parish:		Country:	

**SECTION F: VERIFICATION OF ADDRESS**

Recent original utility bill in the name of the applicant **OR**  
 Recent correspondence (within the last three (3) months) in the applicant's name and bearing the same address (from government, financial institution or place of employment)

**SECTION G: INFORMATION FOR REFERENCE(S) Reference(s) will be contacted**

Acceptable References include:

<input type="checkbox"/> NPCB Board/Committee Member	<input type="checkbox"/> NPCB Employee at supervisory level, employed for more than one (1) year	<input type="checkbox"/> JP/Notary Public	<input type="checkbox"/> Medical Doctor
<input type="checkbox"/> Police Officer (Rank of Inspector or Higher)	<input type="checkbox"/> NPCB Member for more than two (2) years and in good standing	<input type="checkbox"/> Attorney-at-Law	<input type="checkbox"/> Principal
<input type="checkbox"/> Manager of another Financial Institution where the applicant has an account in good standing (letter must state same)	<input type="checkbox"/> Minister of Religion	<input type="checkbox"/> Employer (HR Manager or Higher)	

**FOR OFFICIAL USE ONLY:  REFERENCES VERIFIED**

<b>REFERENCE 1</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		First Name: _____		Middle Name: _____		Surname Name: _____	
	Current Home Address: (Street)			City/Town/District:		Parish:		
Country:			Nationality:		Type of Reference: How long have you known the applicant: _____ Years			
Name of Employer/Business:			Telephone Number: (Home)		Telephone Number: (Cell)			
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)			Telephone Number: (Work)		Email:			
Employer/Business Address: (Street)					City/Town/District:			
P.O. Box/Postal Zone/Zip Code:			Parish:		Country:			

<b>REFERENCE 2</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		First Name: _____		Middle Name: _____		Surname Name: _____	
	Current Home Address: (Street)			City/Town/District:		Parish:		
Country:			Nationality:		Type of Reference: How long have you known the applicant: _____ Years			
Name of Employer/Business:			Telephone Number: (Home)		Telephone Number: (Cell)			
Occupation/Job Title: (the terms "business man/woman - manager" are not acceptable)			Telephone Number: (Work)		Email:			
Employer/Business Address: (Street)					City/Town/District:			
P.O. Box/Postal Zone/Zip Code:			Parish:		Country:			

**SECTION H: CITIZEN INFORMATION**

Are you a citizen of the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a United States of America Green Card holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you born in the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a United States of America Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other country apart from Jamaica and the United States: _____
US Address: (Street)				
City/Town/District:		P.O. Box/Postal Zone/Zip Code:		US Telephone Number:

**SECTION I: UPDATING ACCOUNT**

In keeping with governmental regulations, the personal information on all accounts maintained at NPCB **MUST** be updated every seven (7) years, sooner or later as may be determined by government regulators.

**SECTION J: CLOSING YOUR ACCOUNT**

A member may be expelled and his/her accounts closed, if he/she acts in contravention of the Co-operative Societies Act and Regulations or NPCB rules, acts in any way detrimental to the interests of NPCB, acts in contravention of legislation pertaining to deposit taking institutions, attempts to defraud NPCB or is convicted of a criminal act.

**SECTION K: OBTAINING INFORMATION**

I authorize NPCB to obtain additional information from other sources as deemed necessary.

I \_\_\_\_\_ the undersigned confirm that I have read and understand what is written in this document and also confirm that the

information provided herein is true and correct. I authorize **NPCB** to verify all information and to obtain from anyone any additional information that may be required to process this

application. I hereby apply for membership in **NPCB** and agree to conform to the rules and amendments thereof and subscribe to the required shares. It is my responsibility to inform

**NPCB** of all changes as they affect my member account status.

Herewith please find the sum of \$ \_\_\_\_\_ being as follows:

Permanent Shares: \$ \_\_\_\_\_

Voluntary Shares: \$ \_\_\_\_\_

Ordinary Deposit: \$ \_\_\_\_\_

Entrance Fee: \$ \_\_\_\_\_

Book of Rules: \$ \_\_\_\_\_

Identification Card: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Witness to Signature of Applicant: \_\_\_\_\_

Name of person Recommending Applicant: \_\_\_\_\_

Name of Parent/Guardian: (Child) \_\_\_\_\_ Signature of Parent/Guardian: (Child) \_\_\_\_\_

Name of Director, Volunteer or Staff member Recommending Applicant: \_\_\_\_\_ Signature of Director, Volunteer or Staff member Recommending Applicant: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

**APPROVAL OF MEMBERSHIP**

This applicant was approved for membership and entered in the Minute Book at a Meeting of the Board of Directors held: \_\_\_\_\_

**MEMBER ACCOUNT NUMBER:** \_\_\_\_\_

**President/Chairman or Designate:** \_\_\_\_\_ **Secretary or Designate:** \_\_\_\_\_

**APPLICATION FORM**

*Access Plus™*

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____		Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: (dd-mm-yyyy)		Staff/Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:		Middle Name:		Surname:			
Current Home Address: (Street)				Telephone Number: (Home)		Telephone Number: (Cell)	
City/Town/District:		P.O. Box/Postal Zone/Zip Code:		Telephone Number: (Work)		Telephone Number: (Fax)	
Parish:		Country:		Email:			
Signature of Applicant: _____				Date: _____			

**NOMINATION FORM  
(PURSUANT TO THE CO-OPERATIVE SOCIETIES ACT)**

Name of NPCB: \_\_\_\_\_

Member Number: \_\_\_\_\_

I \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

A member of the above-named NPCB, do hereby revoke any previous nomination made by me and do hereby Nominate the following person(s) (none of them being an Officer or Servant of NPCB, unless such person is the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew or Niece of me, the Nominator) to or among whom shall be transferred my property in NPCB, whether in shares, Loans, Deposits or otherwise in such proportions as is set forth below opposite their respective names.

Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %

I, further appoint the following person(s) as trustee(s) for the minor(s) nominated above until he or she attains the age of eighteen (18) (a Trustee appointed must be eighteen (18) years of age or older).

Name	Address	Telephone Number	Date of Birth (dd/mm/yyyy)	Relationship	Occupation	Proportion %

IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Member Making Nomination/Parent/Guardian: \_\_\_\_\_

1. Signature of Witness: \_\_\_\_\_ Address: \_\_\_\_\_

2. Signature of Witness: \_\_\_\_\_ Address: \_\_\_\_\_

I declare that the present nomination was deposited with NPCB on \_\_\_\_\_

Signature of Secretary or Designate of the NPCB: \_\_\_\_\_

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**FOR INTERNAL USE ONLY**

ACCOUNT TYPES	ACCOUNT NUMBERS	AVAILABLE BALANCES	ACCOUNT # _____
01 CHEQUING		\$	REASON
02 SAVINGS		\$	ATM LIMIT
03 EASI LOAN		\$	POS LIMIT
04 SHARES		\$	ID TYPE
			ID #

6	0	1	4	9	4														
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Prepared: \_\_\_\_\_

Checked: \_\_\_\_\_