

## APPLICATION FOR MEMBERSHIP

Please complete this form using **BLOCK** letters.

### Member Details

First Name	Middle Name	Last Name
Home Address		Email
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Date of birth (yyyy/mm/dd) ____ / __ / __
		Home Telephone# (592) ____ - ____
		National ID: 
		Mobile# (592) ____ - ____
Next of Kin (Full Name)		Relationship
Next of Kin Address		

### Employer Details

Place of Employment	Designation/Occupation
Employer's Address	Work Telephone# (592) ____ - ____
Years of Service _____ (years)	

### Miscellaneous

Are you a member of any other Co-operative Credit Union?    Yes    No

If "Yes", state the name of the Credit Union. \_\_\_\_\_

I, the undersigned hereby make application for membership of the Guyana Public Service Co-operative Credit Union Ltd. Ms. Reg. 849. I agree to the conditions of the rules thereof, and to the Co-operative Societies Ordinance and Regulations and any amendments thereto.

.....  
Signature

.....  
Date

### FOR OFFICIAL USE ONLY

Application accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date accepted _____/____/____ yyyy/mm/dd								
Membership No. <table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 25px; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Member Informed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date informed _____/____/____ yyyy/mm/dd								
..... Checked By	..... Signature	..... Date							

**GUYANA PUBLIC SERVICE CO-OPERATIVE CREDIT UNION LIMITED**  
**UNDER THE CO-OPERATIVE SOCIETIES ORDINANCE CHAPTER 88:01**

**DECLARATION**

In the event of my death, I \_\_\_\_\_  
of \_\_\_\_\_ being a member of the above  
mentioned Co-operative Society, hereby nominate the following person(s) to receive the amount(s), or  
a percentage, of my shares opposite their names as indicated below.

1 Full Name: \_\_\_\_\_ Percentage: \_\_\_% Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone#: (592) \_\_\_\_-\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy/mm/dd

2 Full Name: \_\_\_\_\_ Percentage: \_\_\_% Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone#: (592) \_\_\_\_-\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy/mm/dd

3 Full Name: \_\_\_\_\_ Percentage: \_\_\_% Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone#: (592) \_\_\_\_-\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy/mm/dd

4 Full Name: \_\_\_\_\_ Percentage: \_\_\_% Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone#: (592) \_\_\_\_-\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy/mm/dd

5 Full Name: \_\_\_\_\_ Percentage: \_\_\_% Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone#: (592) \_\_\_\_-\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy/mm/dd

.....  
Signature

.....  
Date

**WITNESSES**

1 Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Telephone#: (592) \_\_\_\_-\_\_\_\_  
.....  
Signature Date

2 Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Telephone#: (592) \_\_\_\_-\_\_\_\_  
.....  
Signature Date



## DEDUCTION FORM

TO: \_\_\_\_\_

I, \_\_\_\_\_ give consent and authorize the deduction, monthly/weekly, from my salary, the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_), being deductions payable to the Guyana Public Service Co-operative Credit Union Limited, the first deduction to be made from my salary for the month of \_\_\_\_\_ 20\_\_ .

**NOTE: This order supersedes all previous orders and is irrevocable without prior permission of the credit union.**

There are two types of saving accounts: Ordinary Savings and Special Savings. The Ordinary savings account is a **compulsory** savings account. You cannot make a withdrawal from this account unless granted permission by the Credit Manager. The special savings account is **optional**, but you are allowed to make deposits and withdrawals at your own convenience.

Please choose the amount to be allocated to each account (monthly) from the deduction:

Ordinary Savings \$ \_\_\_\_\_  
**at least \$1000.00 (mandatory)**

Special Savings \$ \_\_\_\_\_

Designation/Occupation

Ministry/Department

.....  
Signature

.....  
Date (yyyy/mm/dd)