



TRELAWNY
CO-OPERATIVE CREDIT UNION LIMITED

JOINT HOLDER APPLICATION FORM

DEFINITION OF TERMS

“TENANCY IN COMMON”– It is deemed that all Joint Account Holders hold interest in whatever money is in the account. This facility also gives the Joint Account Holder the right to name beneficiaries to his/her respective shares of the account. These beneficiaries will have full access to the funds in the account in the event of death of any or all the Joint Account Holders.

“WITH RIGHTS OF SURVIVORSHIP” – It is the Primary Account Holder who assumes the right to all funds in the account. In the event his/her death, the funds in the accounts automatically pass to the surviving joint account holder

TENANCY IN COMMON

_____ Signature

WITH RIGHTS OF SURVIVORSHIP

_____ Signature

JOINT ACCOUNT OPERATION SIGNATORIES

SIGNATURES

ANY ONE OF THE JOINT ACCOUNT HOLDERS TO SIGN

ANY TWO OF THE JOINT ACCOUNT HOLDERS TO SIGN

| |
|-----------------|
| PRIMARY HOLDER |
| JOINT HOLDER #1 |

PRIMARY ACCOUNT HOLDER INFORMATION

| | | | | |
|----------------------------|---|------------------|-------------|-------|
| | | | | |
| | | Account # | | |
| Name | Mr./Mrs./Miss/Ms./Dr/Other: | | | |
| | First Name | Last Name | Mid Initial | Alias |
| Residential Address | District Parish | | | |
| Mailing Address | District Post Office/Postal Agency Parish | | | |

DOCUMENTS PROVIDED TO VERIFY PROOF OF ADDRESS

Water Bill Light Bill Telephone Bill Official Correspondence

| | | | |
|--------------------------------|----------------------------|------------------|---------------|
| Contact Info. | Work _____ | Home _____ | Fax _____ |
| | Mobile _____ | Email _____ | |
| Date of Birth | Place of Employment | | |
| Tax Registration Number | ID Type | Driver's License | Number |
| Occupation | Expiry Date | | |

BENEFICIARIES (applicable for TENANCY IN COMMON)

| Name | Relation | Address | Proportion (%) |
|------|----------|---------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

JOINT ACCOUNT HOLDER #1 INFORMATION

| | | | |
|-----------------------------------|------------|---------------------------|-------------|
| Account # | | | |
| Mr./Mrs./Miss/Ms./Dr/Other: _____ | | | |
| Name | _____ | _____ | _____ |
| | First Name | Last Name | Mid Initial |
| | | | Alias |
| Residential Address | _____ | | _____ |
| | District | | Parish |
| Mailing Address | _____ | | _____ |
| | District | Post Office/Postal Agency | Parish |

DOCUMENTS PROVIDED TO VERIFY PROOF OF ADDRESS

Water Bill
 Light Bill
 Telephone Bill
 Official Correspondence

| | | | |
|--------------------------------|--------------|----------------------------|---------------------|
| Contact Info. | Work _____ | Home _____ | Fax _____ |
| | Mobile _____ | Email _____ | |
| Date of Birth | _____ | Place of Employment | _____ |
| Tax Registration Number | _____ | ID Type | Number _____ |
| Occupation | _____ | Expiry Date | _____ |

BENEFICIARIES (applicable for TENANCY IN COMMON)

| Name | Relation | Address | Proportion (%) |
|------|----------|---------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

JOINT ACCOUNT HOLDER #2 INFORMATION

| | | | |
|-----------------------------------|------------|---------------------------|-------------|
| Account # | | | |
| Mr./Mrs./Miss/Ms./Dr/Other: _____ | | | |
| Name | _____ | _____ | _____ |
| | First Name | Last Name | Mid Initial |
| | | | Alias |
| Residential Address | _____ | | _____ |
| | District | | Parish |
| Mailing Address | _____ | | _____ |
| | District | Post Office/Postal Agency | Parish |

DOCUMENTS PROVIDED TO VERIFY PROOF OF ADDRESS

Water Bill
 Light Bill
 Telephone Bill
 Official Correspondence

| | | | |
|--------------------------------|----------------------|--------------------|----------------------------|
| Contact Info. | Work _____ | Home _____ | Fax _____ |
| | Mobile _____ | Email _____ | |
| | Date of Birth | _____ | Place of Employment |
| | | | _____ |
| Tax Registration Number | _____ | ID Type | Number _____ |
| | | Driver's License | |
| Occupation | _____ | Expiry Date | _____ |

BENEFICIARIES (applicable for TENANCY IN COMMON)

| Name | Relation | Address | Proportion (%) |
|------|----------|---------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

TERMS AND CONDITIONS

1. Applicable to Only Joint Account.
2. **A member cannot assign more than two joint account holders**
3. An application fee as prescribed by the Directors, shall be paid on the opening of joint accounts with TCCU
4. **A minimum balance of dollars (\$.....) should be maintained on the Joint Account Share**
5. Any deposit to the account is and will be owned jointly by the holders of the joint account.
6. After signing the appropriate documentation, Joint Holders may withdraw up to the minimum balance of the funds on the account.
7. All the available balance on the account at any time shall be subject to withdrawal, or another disposal in whole or in part (subject to the Co-operative Societies Act, Regulations, and policies of the TCCU when applicable to the account by: -
 - (a) **Any one (1), both or all two (2) of the joint account holders, depending on the type of joint account**
 - (b) **Such person(s) as may be empowered at any time in writing by any one (1), both (2) of the joint holders whether by virtue of a {power of Attorney or otherwise to affect the withdrawal or other disposal of any available funds.**
8. **This agreement shall become effective upon the deposit at the address of TCCU complete with the relevant signatures attached and an initial deposit as determined by the Board of Directors of TCCU from time to time and shall be governed by the laws of Jamaica.**
9. **We the applicants, hereby certify that all the above information given is true and correct and we conform by our signatures that we agree to be bound by all terms and conditions**

| FOR INTERNAL USE ONLY | | | |
|--------------------------|-------------|--|--------------------|
| | | | |
| Prepared by: _____ | Date: _____ | This application was approved and entered in the minute book at a meeting of the Board of Directors held on | |
| Authorized by: _____ | Date: _____ | _____ Chairman | _____ Secretary |