



ST. KITTS CO-OPERATIVE CREDIT UNION LTD.



Application for Membership

I/We hereby make application for membership in and agree to conform to the rules and any amendments thereto of the St. Kitts Co-operative Credit Union Ltd.

Names		Date of birth	
		Occupation(s)	
Address(es)			
		E-mail	
Telephone(h)	(w)	(cell)	
Signature	Signature	Signature	

Recommended by _____ Date Admitted _____
Manager _____

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Designation of Beneficiary

This Designation is only effective when delivered to and filed with the

ST. KITTS CO-OPERATIVE CREDIT UNION LIMITED

I/ We, _____
being (a) member (s) of the St. Kitts Co-operative Credit Union Limited do hereby designate the following:

NOMINEES(S)	ADDRESS	PROPORTION TO BE PAID/TRANSFERRED
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As my (our) Beneficiary (ies), to receive any and all sums of money that may become due and payable to me (us) at the time of my (our) death by the said Credit Union. I/We hereby, reserve the right to change the Beneficiary (ies) herein designated. The execution by a subsequent Designation of Beneficiary Form shall constitute a change of beneficiary.

Account No. _____

Signature (s) _____

Witnessed by _____
