

(PLEASE COMPLETE IN BLOCK LETTERS)

ANTILLES EMPLOYEES CREDIT UNION

MEMBERSHIP UPDATE/ONLINE REGISTRATION

Surname:		Mr. П Mrs. П Ms. П A/c #:
First Name:	Middle Nan	ne:
	Middle I van	
		Home Phone No:
E-Mail Address:		
		Work Phone No:
Date of Birth:	(DD/MM/YY) Place of Birth	: Gender: М П F П
ID Card No:	Driver's Permit No:	Passport No:
Marital Status: Single Π Marri	ied П Divorced П	
If Male: Wife's Maiden Name		
If Female: Husband's Full Name		
	2	
Which of the following comes of Under \$5,000 per mth	losest to your Monthly Income Π \$30,000 - \$50,000 per mth	Highest completed level of Education I Primary
Π \$5,001 - \$10,000 per mth	П \$50,000 - \$30,000 per mth	П Secondary
П \$10,001 - \$20,000 per mth	П Over \$75,001per mth	П Tertiary
Π \$20,001 - \$30,000 per mth	100	
Name of Employer:		Occupation:
Employer's Address:		Occupation.
Status: Permanent Π	Tamparary II Contract II So	olf Employed II
How Paid: Monthly II	Temporary Π Contract Π So Fortnightly Π Weekly Π	elf-Employed Π
 If yes please indicate List qualifications (op Special Skills (optional DECLARATION: I hereby declare that the information of the property of the	which: Board of Directors Super tional al):	ommittees of the credit union? Yes No visory Committee Credit Committee
thereto. I authorize the Credit Ur	nion to obtain any information it may req	uire, relating to this form any source it deems relevant.
SIGNATURE	OF APPLICANT	DATE
MEMBER RELA	TIONS OFFICER	DATE
	FOR OFFICIAL US	E ONLY
LOGIN ID ISSUED:		DATE ISSUED:
POSTED BY	DATE	CHECKED BY

Update in MEMO: Yes П No П