



CICSA Co-Operative Credit Union Ltd.

P.O Box 1450, Grand Cayman KY1-1110, CAYMAN ISLANDS

Telephone: 345-949-8415 Fax: 949-8910

Website: www.cicsa-creditunion.org

REQUIREMENTS TO OPEN AN ACCOUNT WITH THE CREDIT UNION

Opening through Employer (A Government Dept, PS Pensions Board, Statutory Authority, Cayman Airways, Utility Companies e.g. CUC, Lime, Cayman Water, Digicel)

- Original employment letter or contract.
- 2 Valid photo ID's (Passport and Voter's Registration Card or Driver's Licence).
- Marriage Certificate for those whose name has changed.
- Original utility bill (most recent with a **physical** address). Please see below note regarding utility bill.

Opening through Mother, Father, Son, or Daughter

- Original employment letter or contract.
- Original Birth Certificate (to show relationship between child & parent) or Affidavit.
- Original copy of a Marriage Certificate (If mother's name or the possible new Credit Union member's name has changed since the issuance of the Birth Certificate).
- 2 Valid photo ID's (Passport and Voter's Registration Card or Driver's Licence).
- Original utility bill (most recent with a **physical** address). Please see below note regarding utility bill.

Opening through a Sibling (Brother or Sister)

- Original employment letter or contract.
- Original Birth Certificate for both siblings or Affidavit.
- Original copy of all Marriage Certificates if the mother's name or any of the sibling's names have changed since the issuance of the Birth Certificate.
- 2 Valid photo ID's (Passport and Voter's Registration Card or Driver's Licence).
- Original utility bill (most recent with a **physical** address). Please see below note regarding utility bill.

Opening through Spouse (Husband or Wife)

- Original employment letter or contract.
- Original Marriage Certificate or Affidavit.
- 2 Valid photo ID's (Passport and Voter's Registration Card or Driver's Licence).
- Original utility bill (most recent with a **physical** address). If the utility bill is not in the name of a spouse, please see below note.

All forms are to be signed in the presence of a Credit Union staff member, a Notary Public or a Justice of the Peace.

Original documents are to be presented. A certified copy will be taken within the Credit Union and the original documents returned. A notarized copy will be accepted in the absence of the original document.

***UTILITY BILL:** If the utility bill is in a different name (e.g. landlord, family member), a lease agreement signed by the tenant and landlord with the landlord or family member's utility bill and respective ID or a completed Credit Union "Proof of Residency Letter" is required.

Minimum of \$25.00 to open an account, broken down as Entrance fee \$10.00, Rule Book fee \$5.00, and Share Minimum \$10.00.



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PROOF OF RESIDENCY LETTER

Date: _____

The CEO
CICSA Co-op Credit Union Ltd.
P.O Box 1450
Grand Cayman KY1-1110
CAYMAN ISLANDS

Dear Madam

RE: _____

I hereby confirm that the above named person resides at:

My relationship with this person is:

- Family member (state relationship): _____
 Tenant
 Other: _____

This person has resided here since _____

Photo identification (at least one is required)

- Driver's License
 Passport
 Voter's Registration Card

Yours truly

Name: _____

Address: _____

Telephone _____

Signature: _____



The Cayman Islands Civil Service Association Co-operative Credit Union Limited

APPLICATION FOR MEMBERSHIP

Member Number _____

Date of Application _____
(dd/mm/yyyy)

Name of Applicant (please print) _____

Sex: Female Male

Mailing Address _____

_____/_____/_____
Date of Birth (dd/mm/yyyy)

Street Address _____

Home# _____ Work# _____ Cell# _____

Email Address _____

Nationality _____

Current Employer and Department _____

Place of Birth _____

Husband's First Name or Wife's Christian and Maiden Names _____

Occupation _____

Are you a **US/UK** Citizen or **US/UK** Passport or Green Card holder? **YES/NO**. Were you born in the **US/UK** **YES/NO**. Were you born in the Cayman Islands and has a child, spouse or one parent that is a **US/UK** citizen? **YES/NO** Relationship: _____. Do you conduct any business in the **US/UK**? **YES/NO**. You are not a **US/UK** person but have substantial presence in the **US/UK**? **YES/NO**. If your answer is "Yes" to any of the above questions, you may be required to file an annual **US/UK** tax return. For further information, please consult with an independent legal or tax counsel or a qualified CPA for assistance. Acknowledged by _____.

Is any member of your family a Politically Exposed Person (PEP)? Yes No If so who? _____ Relationship: _____

I hereby make application for membership in the Cayman Islands Civil Service Association Co-operative Credit Union Limited and agree to conform to its Rules and Amendments thereof and subscribe to at least 5 Shares (Minimum of \$10.00).

If joining the Credit Union through a family member, please state the name of the Credit Union member and relationship through whom you are applying for membership:

Family Member's Name (please print) _____ Relationship (e.g. Spouse, Father, Mother, Sister, Brother, Daughter, or Son) _____

Expected source of funds, if other than through employment: _____
 Approx. number of credit transactions each month: _____
 Approx. dollar amount of credit transactions each month: _____
 Approx. number debit transactions each month: _____
 Approx. dollar amount of debit transactions each month: _____

Herewith please find the sum of \$ _____
 Shares: \$ _____
 Other: \$ _____
 Book of Rules: \$ _____
 Entrance Fee: \$ _____
 Total: \$ _____

Signature _____

*Signature of Witness (CU staff member, JP or Notary Public) _____

Approved by CEO or Designate _____

Date _____

Please be sure to bring the appropriate identification with you when coming in to apply for membership.

* Identification and application for membership must be witnessed by a Notary Public or JP if signed or photocopied outside of the Credit Union.

NOMINATION FORM (Beneficiary)

(PURSUANT TO THE "CO-OPERATIVES SOCIETIES LAW, CAP.25 THE REVISED LAWS ON THE CAYMAN ISLANDS")

Management Check: _____

Name of Society Cayman Islands Civil Service Association (CICSA) Co-operative Credit Union Limited

Date: _____

Time: _____

Member Number _____ I, _____ Name _____

Civic Address _____
 House Number _____ Street Name & Address _____ District _____

A member of the above mentioned-named Society, do hereby nominate the following as the only person or persons (none of them being an officer or servant of the Society, unless such persons is the husband, wife, father, mother, child, brother, or sister of myself, the nominator, to or among whom shall be transferred my property in the Society, whether in shares, loans, deposits or otherwise at my decease in such proportions as is set forth below to their respective names:

NAME & RELATIONSHIP	OCCUPATION	ADDRESS (Postal & Street)	% PROPORTION
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	

Where the Nomination is not intended to comprise the whole of the Member's property in the Society, the amount to be comprised in it, is to be specified. Any previous nomination is hereby cancelled.

As witness to my hand, this _____ day of _____, 20 _____

Signature of Member Making Nomination

Signature of Witness
(CU staff member, JP or Notary Public)

Address

CEO or Designate

Address



CICSA Co-operative Credit Union Ltd.

P O Box 1450, Grand Cayman KY1-1110, CAYMAN ISLANDS

Telephone: 345-949-8415 Fax: 949-8910

Website: www.cicsa-creditunion.org

REQUIREMENTS TO OPEN A YOUTH ACCOUNT WITH THE CREDIT UNION

Opening through Mother or Father

- Original employment letter or contract (for the parent opening the account)
- Original Birth Certificate (to show relationship between child & parent) or Affidavit.
- Original copy of a Marriage Certificate (If mother's name has changed since the issuance of the Birth Certificate).
- 2 valid photo ID's (Passport & Drivers Licence or Voters Registration card)
- Original utility bill (most recent with a physical address). Please see below note*

Opening through a Sibling (Brother or Sister)

- Original employment letter or contract (for the parent opening the account)
- Original Birth Certificate for both siblings or Affidavit.
- Original copy of all Marriage Certificates if the mother's name or any of the sibling's names have changed since the issuance of the Birth Certificate.
- 2 valid photo ID's (Passport & Drivers Licence or Voters Registration card).
- Original utility bill (most recent with a physical address). Please see below note*

All forms are to be signed in the presence of a Credit Union staff member, a Notary Public or a Justice of the Peace.

Original documents are to be presented. A certified copy will be taken within the Credit Union and the original documents returned. A notarized copy will be accepted in the absence of the original document.

***UTILITY BILL:** If the utility bill is in a different name (e.g. landlord, family member), a lease agreement signed by the tenant and landlord with the landlord or family member's utility bill and respective ID or a completed Credit Union "Proof of Residency Letter" is required.

Minimum of \$25.00 to open an account, broken down as Entrance fee \$10.00 and Savings minimum of \$15.00.





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Date: _____

The CEO
CICSA Co-op Credit Union Ltd.
P.O Box 1450
Grand Cayman KY1-1110
CAYMAN ISLANDS

Dear Madam

RE: _____

I hereby confirm that the above named person resides at:

My relationship with this person is:

- Family member (state relationship): _____
 Tenant
 Other: _____

This person has resided here since _____

Photo identification (at least one is required)

- Driver's License
 Passport
 Voter's Registration Card

Yours truly

Name: _____

Address: _____

Telephone _____

Signature: _____



The Cayman Islands Civil Service Association Co-operative Credit Union Limited

APPLICATION FOR YOUTH MEMBERSHIP

Member Number _____

Date of Application _____
(dd/mm/yyyy)

Name of Applicant (please print) _____

Sex: Female Male

Mailing Address _____

_____/_____/_____
Date of Birth (dd/mm/yyyy)

Street Address _____

_____/_____/_____
Home# Work# Cell#

Email Address _____

Nationality _____

Name of School _____

Place of Birth _____

Are you a **US/UK** Citizen or **US/UK** Passport or Green Card holder? **YES/NO**. Were you born in the **US/UK** **YES/NO**. Were you born in the Cayman Islands and has a child, spouse or one parent that is a **US/UK** citizen? **YES/NO** Relationship: _____. Do you conduct any business in the **US/UK**? **YES/NO**. You are not a **US/UK** person but have substantial presence in the **US/UK**? **YES/NO**. If your answer is "Yes" to any of the above questions, you may be required to file an annual **US/UK** tax return. For further information, please consult with an independent legal or tax counsel or a qualified CPA for assistance. Acknowledged by _____.

Is any member of your family a Politically Exposed Person (PEP)? Yes No If so who? _____ Relationship: _____

I hereby make application for membership in the Cayman Islands Civil Service Association Co-operative Credit Union Limited and agree to conform to its Rules and Amendments.

If joining the Credit Union through a family member, please state the name of the Credit Union member and relationship through whom you are applying for membership:

Family Member's Name (please print)

Relationship (e.g. Spouse, Father, Mother, Sister, Brother, Daughter, or Son)

Expected source of funds (e.g. Father, Mother, Sibling salary etc..) _____ Herewith please find the sum of \$ _____

Approx. number of credit transactions each month: _____ Entrance Fee: \$ _____

Approx. dollar amount of credit transactions each month: _____ Regular Savings: \$ _____

Approx. number debit transactions each month: _____ Total: \$ _____

Approx. dollar amount of debit transactions each month: _____

Once the applicant is 18 years of age the parent/guardian will be removed as a signatory. Acknowledged by _____

Signature

*Signature of Witness (CU staff member, JP or Notary Public)

Approved by CEO or Designate

Date

NOMINATION FORM (Beneficiary)

(PURSUANT TO THE "CO-OPERATIVES SOCIETIES LAW, CAP.25 THE REVISED LAWS ON THE CAYMAN ISLANDS")

Management Check: _____

Name of Society Cayman Islands Civil Service Association (CICSA) Co-operative Credit Union Limited

Date: _____

Time: _____

Member Number _____ I, _____ Name

Civic Address _____
 House Number _____ Street Name & Address _____ District _____

A member of the above mentioned-named Society, do hereby nominate the following as the only person or persons (none of them being an officer or servant of the Society, unless such persons is the husband, wife, father, mother, child, brother, or sister of myself, the nominator, to or among whom shall be transferred my property in the Society, whether in shares, loans, deposits or otherwise at my decease in such proportions as is set forth below to their respective names:

NAME & RELATIONSHIP	OCCUPATION	ADDRESS (Postal & Street)	% PROPORTION
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	
Name: _____ Relationship: _____		Postal: _____ Street: _____	

Where the Nomination is not intended to comprise the whole of the Member's property in the Society, the amount to be comprised in it, is to be specified. Any previous nomination is hereby cancelled.

As witness to my hand, this _____ day of _____, 20 _____

Signature of Member Making Nomination

Signature of Witness
 (CU staff member, JP or Notary Public)

Address

CEO or Designate

Address