TSO THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED



"Promoting thrift amongst our members"

MEMBERSHIP APPLICATION FORM

| FOR INTERNAL U | SE ONLY | | | | | | |
|---|--|--|------------------------|------------------|-------------|------------|-----------------------------|
| Account Number: | | | Date: | | | | |
| MANDATORY C | HECKLIST | | | | | | |
| Valid Identific Taxpayer Reg Proof of Addr Salary Deduct | Service Association Ident cation (Electoral ID, Pass istration Number (TRN) ess (Utility Bills or Credit ion Order (Provided by t Size Photograph | port, Driver's License) Card Statement) | | | | | |
| A. PERSONAL I | NFORMATION | | | | | | |
| LAST NAME | | FIRST NAME | | MIDDLE NA | AMES (S) | | MR. MRS. MS. |
| MAIDEN NAME | PREVIOUS NAME (if cha | nged) | | ALIA | AS | | |
| DATE OF BIRTH (DD/MM/YY) | STATUS SINGLE MARRIED | DIVORCED | | # OF DEPENDEN | AGE | S | |
| TRN OF APPLICANT | TYPE OF IDENTIFICAT | | | NTIFICATIO | N # | ID EX | PIRY DATE |
| | NATIONAL ID PASSPO | ORT DRIVER'S LICENC | E | | | (DD/N | IM/YY) |
| DADISH OF DIDTY | | | | | NATION | LITY | |
| PARISH OF BIRTH | COUNTRY | OF RESIDENCE | | | NATIONA | LITY | |
| | | | | | | | |
| CURRENT HOME ADDRES | SS | | | | | OWN | # OF YEARS YOU |
| | | | | | | RENT | OCCUPY THIS |
| | | | | | | ADDRESS | |
| PREVIOUS HOME ADDRE | SS (DAST 5 VEADS) | | | | | OTHER | # OE VE ABS |
| PREVIOUS HOME ADDRE | 85 (PASI 5 YEARS) | | | | | OWN | # OF YEARS YOU OCCUPY |
| | | | | | | RENT | THIS ADDRESS |
| | | | | | | LEASE | |
| MAILING ADDRES (IF DI | FEFRENT FROM HOME A | NDRFSS) | | | | OTHER | |
| MAILING ADDRES (IF DI | TPERENT FROM HOME A | DDRE SSJ | | | | | |
| EMAIL ADDRESS #1 | | | EMAIL AD | DRESS #2 | | | |
| HOME TELEPHONE # | WORK TELEPHONE # | MOBILE TEL | FPHONE # | | | FAX TE | LEPHONE # |
| HOME TELEFIIONE # | WORK TELEFIIONE # | MOBILE TEL | ETHONE # | | | FAX IE | LEI HONE # |
| | | | | | | | |
| SELECT YOUR INCOME I | | | NTHI V | | | | |
| \$0 - \$25,000.00 | | 01 - \$200,000 | | | | | |
| \$25,001 - \$50,000 | | 01 - \$300,000 | | | | | |
| \$50,001 - \$75,000 | | 01 - \$400,000 | | | | | |
| \$75,001 - \$100,000 | | \$400,000 | | | | | |
| B. EMPLOYMEN MINISTRY EMPLOYED T | | N ASSIGNED LOCATION | | SUBST | ANTIVE | DATE | OF (1 ^{st)} |
| MINISTRI EMI ECTED I | 0 | ASSIGNED LOCATION | | | & GRADE | PERMA | |
| | | | | | | | |
| | | | | | | | |
| ADDRESS OF DEPARTME | DRESS OF DEPARTMENT/AGENCY TELEPHONE # | | | | | | |
| | | | FAX # | | | | |
| SALARY PAID BY? | | | MEMBERSHIP VERIFIED | OF JAMAIC | A CIVIL SEF | RVICE ASSO | OCIATION |
| ADDRESS | | | YES | | NO 🗌 | | |
| ADDRE99 | | | VERIFIED | 2 | | | |
| C. VERIFIER | | | | | | | |
| | | | | | | | |
| VERIFICATION of A and | B above must be done by | (Personnel Officer/Acco | ountant/Head o | of Departmer | nt) | | |
| NAME OF VERIFIER | SIGNA | TURE OF VERIFIER | | DATE | | | |

| D. MARKETING | |
|--|--|
| 1. How would you like to be contacted? | |
| | |
| | |
| 2. Source of referral: Radio TV | Staff Website Newspaper |
| Other Members If Other P | Please State |
| | |
| E. APPLICANT'S DECLARATION | |
| | clare that the information provided on this application is true and agree to notify the JCSMTS of information it may require, relating to this application from any source it deems relevant and I tereof. |
| SIGNATURE OF APPLICANT | DATE |
| F. APPLICATION FOR SHARES | |
| | |
| I HEREBY MAKE APPLICATION FOR SHARES IN THE JAMAIC | ICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LTD., and agree to pay the sum of month 20 |
| SIGNATURE OF APPLICANT | DATE |
| C DRODOSED | |
| G. PROPOSER | |
| | |
| NAME OF PROPOSER SIGNATURE OF P | PROPOSER DATE |
| THE PROPOSER MUST BE A MEMBER OF THE JAMAICA CIVI | IL SERVICE MUTUAL THRIFT SOCIETY LIMITED. |
| H. FOR OFFFICE USE ONLY | |
| | |
| ATTACHMENTS | RISK RATING LOW MODERATE HIGH |
| SIGNATURE CARD SIGNED | |
| TAXPAYER REGISTRATION NUMBER | |
| CHARACTER REFERENCE | SALARY DEDUCTION ORDER SIGNED |
| IDENTIFICATION | NOMINATION FORM SIGNED |
| PROOF OF ADDRESS | |
| VERIFICATION: MEMBERSHIP WITH THE JCSA | RECEIVED BY |
| | |
| MEMBER SERVICE REPRESENTATIVE | SIGNATURE DATE |
| | |
| | |
| DATA ENTRY OFFICER | SIGNATURE DATE |
| | |
| | MEMDEDSHID ADDI ICATION FODM |
| AFFROVAL OF N | MEMBERSHIP APPLICATION FORM |
| This application was approved and entered in the Minute bo | nok at a meeting of the Committee of Management held on |
| Trende of the second se | DATE |
| | |
| SECRETARY/MANAGER DATE | |
| | |
| | |

| | NOM | INATION O | F BENEFICIARY FO | <u>DRM</u> | |
|---|-------------------|---------------------------|----------------------------|---------------------------|----------------|
| Name of Society THE JAM | IAICA CIVII | SERVICE MU | FUAL THRIFT SOCIETY L | IMITED | |
| Account Number | | | | | |
| I, | | of | | | |
| | | | | | |
| Being a member of THE JAMA | AICA CIVIL S | <u>ERVICE</u> <u>MUTA</u> | UL THRIFT SOCIETY LIN | <u>IITED</u> | |
| Hereby nominate the following as t Husband, Wife, Mother, Child, Bro proportions as is set forth below op | other, Sister, Ne | phew or Niece), to | | | |
| FULL NAME | DATE OF BIRTH | RELATIONSHIP | ADDRESS | TELEPHONE# | PROPORTION % |
| | | | | | |
| | | | | | |
| | | | | | |
| Where the Beneficiary is under | the age of 18 | vears please pro | vide the name of a Trustee | | |
| Name, Address & Telephone # | - | | | | |
| | | | | | |
| Where the Nomination is not in in it, is to be specified. Any pre | | | | the JCSMTS, the amount to |) be comprised |
| As witness to my hand, this | | day of | 20 | | |
| | | uay or | 20 | | |
| 1. SIGNATURE OF MEMBE | R MAKING NOM | IINATION ADI | DRESS | | |
| 2. NAME OF WITNESS | | SIG | NATURE OF WITNESS | | |
| | | | | | |
| | | ADDRESS OF WITN | FSS | | |

BANKING INFORMATION

| NAME ON ACCOUNT | | | |
|---------------------|------------------------|-------------|------|
| NAME OF BANK | | | |
| BRANCH OF BANK/ TRA | NSIT NUMBER | | |
| BANK ACCOUNT TYPE (| e.g. Savings / Chequir | ng) | |
| BANK ACCOUNT NUMBI | ER | | |
| Member's Signature | Date | Received By | Date |
| Data Entered By | Date | | |

Website address: http://www.jcsmts.com.jm Email: info@jcsmts.com.jm