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