



THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED

“Promoting thrift amongst our members”

MEMBERSHIP APPLICATION FORM

FOR INTERNAL USE ONLY				
Account Number:		Date:		
MANDATORY CHECKLIST				
<ul style="list-style-type: none"> • Jamaica Civil Service Association Identification # • Valid Identification (Electoral ID, Passport, Driver’s License) • Taxpayer Registration Number (TRN) • Proof of Address (Utility Bills or Credit Card Statement) • Salary Deduction Order (Provided by the Thrift Society) • One Passport Size Photograph 				
A. PERSONAL INFORMATION				
LAST NAME		FIRST NAME	MIDDLE NAMES (S)	MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/>
MAIDEN NAME	PREVIOUS NAME (if changed)		ALIAS	
DATE OF BIRTH (DD/MM/YY)	STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		# OF DEPENDENTS	AGES
TRN OF APPLICANT	TYPE OF IDENTIFICATION NATIONAL ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER’S LICENCE <input type="checkbox"/>		IDENTIFICATION #	ID EXPIRY DATE (DD/MM/YY)
PARISH OF BIRTH		COUNTRY OF RESIDENCE		NATIONALITY
CURRENT HOME ADDRESS			OWN <input type="checkbox"/>	# OF YEARS YOU OCCUPY THIS ADDRESS <input type="text"/>
			RENT <input type="checkbox"/>	
			LEASE <input type="checkbox"/>	
			OTHER <input type="checkbox"/>	
PREVIOUS HOME ADDRESS (PAST 5 YEARS)			OWN <input type="checkbox"/>	# OF YEARS YOU OCCUPY THIS ADDRESS <input type="text"/>
			RENT <input type="checkbox"/>	
			LEASE <input type="checkbox"/>	
			OTHER <input type="checkbox"/>	
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)				
EMAIL ADDRESS #1			EMAIL ADDRESS #2	
HOME TELEPHONE #	WORK TELEPHONE #	MOBILE TELEPHONE #		FAX TELEPHONE #
SELECT YOUR INCOME BAND - <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY				
<input type="checkbox"/> \$0 - \$25,000.00	<input type="checkbox"/> \$100,001 - \$200,000			
<input type="checkbox"/> \$25,001 - \$50,000	<input type="checkbox"/> \$200,001 - \$300,000			
<input type="checkbox"/> \$50,001 - \$75,000	<input type="checkbox"/> \$300,001 - \$400,000			
<input type="checkbox"/> \$75,001 - \$100,000	<input type="checkbox"/> OVER \$400,000			
B. EMPLOYMENT INFORMATION				
MINISTRY EMPLOYED TO		ASSIGNED LOCATION	SUBSTANTIVE POST & GRADE	DATE OF (1 st) PERMANENT APPOINTMENT
ADDRESS OF DEPARTMENT/AGENCY			TELEPHONE #	
			FAX #	
SALARY PAID BY?		MEMBERSHIP OF JAMAICA CIVIL SERVICE ASSOCIATION VERIFIED		
ADDRESS		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		VERIFIED <input type="checkbox"/>		
C. VERIFIER				
VERIFICATION of A and B above must be done by (Personnel Officer/Accountant/Head of Department)				
NAME OF VERIFIER _____	SIGNATURE OF VERIFIER _____		DATE _____	

D. MARKETING

1. How would you like to be contacted?

E-mail Text Telephone

2. Source of referral: Radio TV Staff Website Newspaper

Other Members If Other Please State _____

E. APPLICANT'S DECLARATION

I HEREBY APPLY FOR MEMBERSHIP IN THE JCSMTS and declare that the information provided on this application is true and agree to notify the JCSMTS of any material change thereto. I authorize the JCSMTS to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform with to the Rules of the Society and amendments thereof.

SIGNATURE OF APPLICANT

DATE

F. APPLICATION FOR SHARES

I HEREBY MAKE APPLICATION FOR SHARES IN THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LTD., and agree to pay the sum of _____ monthly, commencing on the last day of the month _____ 20____.

SIGNATURE OF APPLICANT

DATE

G. PROPOSER

NAME OF PROPOSER

SIGNATURE OF PROPOSER

DATE

THE PROPOSER MUST BE A MEMBER OF THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED.

H. FOR OFFICE USE ONLY

ATTACHMENTS

RISK RATING

LOW

MODERATE

HIGH

SIGNATURE CARD SIGNED

TAXPAYER REGISTRATION NUMBER

CHARACTER REFERENCE

IDENTIFICATION

PROOF OF ADDRESS

SALARY DEDUCTION ORDER SIGNED

NOMINATION FORM SIGNED

VERIFICATION: MEMBERSHIP WITH THE JCSA

RECEIVED BY _____

MEMBER SERVICE REPRESENTATIVE

SIGNATURE

DATE

DATA ENTRY OFFICER

SIGNATURE

DATE

APPROVAL OF MEMBERSHIP APPLICATION FORM

This application was approved and entered in the Minute book at a meeting of the Committee of Management held on _____
DATE

SECRETARY/MANAGER

DATE

