



THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED

“Promoting thrift amongst our members”

MEMBERSHIP APPLICATION FORM

FOR INTERNAL USE ONLY

Account Number:	Date:
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MANDATORY CHECKLIST

<ul style="list-style-type: none"> • Valid Identification (Electoral ID, Passport, Driver’s License) • Taxpayer Registration Number (TRN) • Proof of Address (Utility Bills or Credit Card Statement) 	<ul style="list-style-type: none"> • Salary Deduction Order (Provided by the Thrift Society) • NIS Card • Last Payslip
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A. PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAMES (S)	MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/>
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MAIDEN NAME	PREVIOUS NAME (if changed)	ALIAS
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DATE OF BIRTH (DD/MM/YY)	STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	# OF DEPENDENTS	AGES OF DEPENDENTS
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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)	NIS #
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PARISH OF BIRTH	COUNTRY OF RESIDENCE	NATIONALITY
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CURRENT HOME ADDRESS	OWN <input type="checkbox"/> # OF YEARS YOU OCCUPY THIS ADDRESS RENT <input type="checkbox"/> OTHER _____ <input type="checkbox"/>
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PREVIOUS HOME ADDRESS (PAST 5 YEARS)	OWN <input type="checkbox"/> # OF YEARS YOU OCCUPY THIS ADDRESS RENT <input type="checkbox"/> OTHER _____ <input type="checkbox"/>
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MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

EMAIL ADDRESS #1	EMAIL ADDRESS #2
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HOME TELEPHONE #	WORK TELEPHONE #	MOBILE TELEPHONE #	WHATSAPP #
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SELECT YOUR INCOME BAND - WEEKLY FORTNIGHTLY 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

ARE YOU A POLITICALLY EXPOSED PERSON? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES STATE THE NAME OF THE OFFICE HELD	ARE YOU RELATED OR ASSOCIATED TO A POLITICALLY EXPOSED PERSON? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES STATE THE NAME OF THE INDIVIDUAL AND OFFICE HELD
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B. EMPLOYMENT INFORMATION

MINISTRY EMPLOYED TO	ASSIGNED LOCATION	SUBSTANTIVE POST & GRADE	EMPLOYMENT STATUS: TEMPORARY CONTRACT <input type="checkbox"/> PERMANENT <input type="checkbox"/> APPOINTMENT DATE: _____
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ADDRESS OF DEPARTMENT/AGENCY	TELEPHONE # FAX #
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SALARY PAID BY? ADDRESS	MEMBERSHIP OF JAMAICA CIVIL SERVICE ASSOCIATION VERIFIED YES <input type="checkbox"/> NO <input type="checkbox"/> VERIFIED <input type="checkbox"/>
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C. VERIFICATION OF MINISTRY, DEPARTMENT AND AGENCY

PLEASE SUBMIT LAST PAYSLIP FOR VERIFICATION

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 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 OR STAFF OF THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED OR STAFF OF JCSA.

H. FOR OFFICE USE ONLY

ATTACHMENTS

SIGNATURE CARD SIGNED

TAXPAYER REGISTRATION NUMBER

IDENTIFICATION

PROOF OF ADDRESS

VERIFICATION: MEMBERSHIP WITH THE JCSA

RISK RATING

LOW MODERATE HIGH

SALARY DEDUCTION ORDER SIGNED

NOMINATION FORM SIGNED

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

NOMINATION OF BENEFICIARY FORM

Name of Society **THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED**

Account Number _____

I, _____ of _____
(Full Name) Address

Being a member of **THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED**

Hereby nominate the following as the only person (s) (none of them being an Officer or Servant of the JCSMTS, unless such person is either my Husband, Wife, Mother, Child, Brother, Sister, Nephew or Niece), to whom shall be transferred my property in Shares at my decease in such proportions as is set forth below opposite their respective Names.

FULL NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	TELEPHONE#	PROPORTION %

Where the Beneficiary is under the age of 18 years, please provide the name of a Trustee.

Name, Address & Telephone # of Trustee _____

Where the Nomination is not intended to comprise the whole of the member's property in the JCSMTS, the amount to be comprised in it, is to be specified. Any previous nomination made by me is hereby cancelled.

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

1. _____
MEMBER'S SIGNATURE ADDRESS

2. _____
NAME OF WITNESS SIGNATURE OF WITNESS

_____ ADDRESS OF WITNESS

FOR OFFICIAL USE

Department: _____ Date Entered: _____ Entered By: _____

Checked By: _____ Approved By: _____

_____ Signature of Secretary Manager

File #
+ (\$)

(#)

DATE:

The Accountant

EMP#: _____

FOR VALUABLE CONSIDERATION and also in consideration of a MEMORANDUM UNDER HAND of even date herewith BETWEEN THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED and

I HEREBY GIVE THIS IRREVOCABLE ORDER for the deduction from my salary of the SUM of _____ (\$) in favour of the above SOCIETY commencing from the last day of the month of _____ 20____ (This supersedes previous order, if any).

AND I FURTHER REQUEST that this SUM and the monthly sum so deducted be paid to the above SOCIETY in such manner as the said SOCIETY may from time to time direct.

THE ORDER shall remain in force until you are *advised* by the said SOCIETY that the deduction shall cease.

Signature of Applicant

THIS ORDER is valid. It is given for VALUABLE CONSIDERATION and in CONSIDERATION of Memorandum under hand of even date herewith BETWEEN THE JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED and

and is approved of by the said SOCIETY. It supersedes previous order if any.

JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY LIMITED

SECRETARY MANAGER

TO BE APPROVED BY THE AUTHORISED PAYROLL OFFICER OR THE HEAD OF DEPARTMENT

This confirms that I have seen the above request and the Officer's salary permits the additional deduction as stated above.

Date Name & Position

Signature

File #
+ (\$)

(#)

DATE:

The Accountant

EMP#: _____

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