



1. Membership in the Credit Union shall be limited to:

- a. All Registered Societies and their employees and ex-employees;
- b. Persons who reside, work, conduct business, study or who were born in the County of Cornwall as well as their relatives, notwithstanding their place of abode; relatives are deemed to be mothers, spouses, fathers, brothers, sisters, children, grandchildren, aunts, uncles, nieces, nephews of members past or present in these Rules;
- c. Members and persons eligible to be members of Credit Unions that have merged with this Credit Union.

2. Individuals must be 18 years and older with the following documents:

- a. **A valid form of Identification** (Passport, Driver's License or National ID);
(NB: Foreign ID's "**must**" be accompanied by a Social Security Number.)
- b. Taxpayer Registration Number (TRN)
- c. **Character Reference** – Two completed Gateway Reference Form signed by the recommended referees.
- d. **Proof of Address** - Two recent utility Bills (Separate, not the same Utility Company eg. JPS & NWC/FLOW); address must agree to service address.
- e. **In the absence of utility bills** – section 4 of the Reference Form, for opening account must be completed and signed by the recommending referee – both forms should be completed.
- f. **In the absence of a valid ID – applicable ONLY to persons up to 20 years old**; two passport size photographs signed by a JP; their birth certificate, along with b – d above.
- g. **Minors (17 years & younger)** – The child's birth certificate is required to open the account along with parent ID.

3. Minimum Required to Open Accounts

- a. **\$2,600.00** (Ordinary Savings; Ordinary Shares; Permanent Shares); **\$700.00** (Service Fees)
- b. **Minimum to open other account are as follows:**
 - ✓ **Solid Saver:** \$2,000
 - ✓ **Fixed Deposits:** \$20,000.00
 - ✓ **Golden Harvest:** No less than \$500 monthly for not less than 12 months.
 - ✓ **Baby on Board** - \$1,000.00

DO NOT USE GEL INK PEN

***** NB: Any two of the recommended referees can be used to sign the reference forms, Justice of the Peace, Minister of Religion, a Bank Manager, a Lawyer, a School Principal, a Medical Doctor, HR Manager, a Superintendent of Police (or higher rank) or an "ACTIVE" Gateway Co-operative Credit Union (2017) Limited Member. *****



REFERENCE 1

Name of Referee: _____

Address: _____

Occupation: _____ Tel. #: (____) _____ - _____

Dear Sir/Madam

Re: _____

The above person is desirous of operating an account with Gateway Cooperative Credit Union (2017) Limited. He/She has given your name as referee and we would be grateful if you could complete the undernoted questionnaire.

- | | | |
|--|--------------------------------|-------------------------------|
| 1. Is He/She known to you personally and by the name above?
How long? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | <input type="checkbox"/> Years | <input type="checkbox"/> nths |
| 2. Do you consider Him/Her suitable to have a Credit Union account? | <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you consider Him/Her to be responsible and trustworthy? | <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. This is to confirm that (in the absence of proof of address) _____
_____ resides at _____

_____ | | |

SEAL

Signature

Date

REFERENCE 2

Name of Referee: _____

Address: _____

Occupation: _____ Tel. #: (____) _____ - _____

Dear Sir/Madam

Re: _____

The above person is desirous of operating an account with Gateway Cooperative Credit Union (2017) Limited. He/She has given your name as referee and we would be grateful if you could complete the undernoted questionnaire.

- | | | |
|--|--------------------------------|-------------------------------|
| 1. Is He/She known to you personally and by the name above?
How long? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | <input type="checkbox"/> Years | <input type="checkbox"/> nths |
| 2. Do you consider Him/Her suitable to have a Credit Union account? | <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you consider Him/Her to be responsible and trustworthy? | <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. This is to confirm that (in the absence of proof of address) _____
_____ resides at _____

_____ | | |

SEAL

Signature

Date

DECLARATION

I hereby authorize the **Gateway Cooperative Credit Union (2017) Limited** to seek information from the above referees in connection with my request to operate an account with them.

SIGNATURE

DATE