



# Seychelles Credit Union

Co-operative House, Manglier street  
P.O. Box 342, Victoria  
Mahe, Seychelles

Tel: +248 4290190  
Website: [www.scu.sc](http://www.scu.sc)  
Email: [ceo@scu.sc](mailto:ceo@scu.sc)  
SF2

## Membership Application – Business/Partnership

### **Business Particulars**

Business Name \_\_\_\_\_

Registration No. \_\_\_\_\_

### **First Applicant**

Surname of Applicant \_\_\_\_\_ Name(s) in full \_\_\_\_\_

NIN/Passport No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender  Male  Female

Flat Name &No \_\_\_\_\_

Sub District \_\_\_\_\_

District \_\_\_\_\_

Street Name \_\_\_\_\_

Island \_\_\_\_\_

PO BOX \_\_\_\_\_

Home Tel No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Other \_\_\_\_\_

### **Second Applicant**

Surname of Applicant \_\_\_\_\_ Name(s) in full \_\_\_\_\_

NIN/Passport No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender  Male  Female

Flat Name &No \_\_\_\_\_

Sub District \_\_\_\_\_

District \_\_\_\_\_

Street Name \_\_\_\_\_

Island \_\_\_\_\_

PO BOX \_\_\_\_\_

Home Tel No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Other \_\_\_\_\_

### **Third Applicant**

Surname of Applicant \_\_\_\_\_ Name(s) in full \_\_\_\_\_

NIN/Passport No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender  Male  Female

Flat Name &No \_\_\_\_\_

Sub District \_\_\_\_\_

District \_\_\_\_\_

Street Name \_\_\_\_\_

Island \_\_\_\_\_

PO BOX \_\_\_\_\_

Home Tel No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Other \_\_\_\_\_

Type of Business (please tick and state specific type of business):

	Tick(✓)		Tick(✓)
(*)Financial & Insurance		(*)Tourism	
(*)Political		(*)Agriculture/Fisheries	
(*)Retail		(*)Gaming & Entertainment	
(*)Transportation		(*)Parastatal or Government	
Construction		(*)Other Service Provider	
Law Firm		(*)Manufacturing/Production	
(*)			

Income/Profit Forecast \_\_\_\_\_ Expected Monthly Deposit \_\_\_\_\_

Deposit Type:	
Salary Transfers	
Standing Order/Electronic Funds Transfer	
Cash Deposits	
Cheque Deposits	

Business Initial Deposit \_\_\_\_\_

Give reasons for wanting to join Seychelles Credit Union \_\_\_\_\_  
\_\_\_\_\_

Signatures of Applicants \_\_\_\_\_  
(First Applicant) (Second Applicant) (Third Applicant)

Proposer's Name \_\_\_\_\_ A/c No \_\_\_\_\_ Signature \_\_\_\_\_

Seconder's Name \_\_\_\_\_ A/c No \_\_\_\_\_ Signature \_\_\_\_\_

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

FOR OFFICIAL USE				
Received By:	Verified By:	Allocated a/c No.	Opened on	Approving Officer
Date:	Date:	Date:	Date:	Date:

**Note: Application to be accompanied by;**

1. Valid NIN/Passport of office bearer(s)	2. A passport sized photo of office bearer(s)
3. Utilities bill to support proof of address (not more than 3 months old)	4. Certificate of Incorporation/ Registration Documents and license documents
5. Recent Business Tax Return (SRC)/Financial Statements/Declaration of Income	6. Resolution documents if applicable
<b>SCR 300 for membership fee, shares, and savings</b>	
<b>*If office bearers are not the directors of the business, please attach copies of NIN of Directors.</b>	