



Seychelles Credit Union

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

Tel : +248 4290190
Website: www.scu.sc
Email: ceo@scu.sc
SF 2

Membership Application – Individuals

Surname of Applicant _____ Name(s) in full _____
Identity No _____ Date of Birth _____ Age _____

Gender Male Female

Flat Name &No _____
Sub District _____ Home Tel No. _____
District _____ Mobile No. _____
Street Name _____ Email Address _____
Island _____ Other _____
PO BOX _____

Current Employer _____ Profession _____
Self Employed (please state) _____

Monthly Salary _____

Any other income

Tick(v)	Source Of Other Income	Max amount(SCR)
	Allowance	
	Bonus or other remuneration	
	Personal Transfers/ Standing Orders	
	Other	

Accounts held with other banks:

Bank Name _____ Account Type _____
Bank Name _____ Account Type _____

Expected Monthly Deposit (SCR) _____

Initial Deposit _____

Deposit Type:	
Salary Transfers	<input type="checkbox"/>
Standing Order/Electronic Funds Transfer	<input type="checkbox"/>
Cash Deposits	<input type="checkbox"/>
Cheque Deposits	<input type="checkbox"/>

Politically Exposed Persons (PEP) Declaration

A Politically Exposed Person is someone who has been entrusted with a prominent public function in the last 3 years, and includes any immediate family member or close associate of such an individual.

Understanding the above, I hereby confirm the following:

- 1) I am a politically Exposed Person YES NO
- 2) I am closely Associated with a Politically Exposed Person YES NO

Name of PEP with whom I am closely associated with:

3) I am an immediate family member of a Politically Exposed Person: YES NO

Name of Politically Exposed Persons with whom I am an immediate family with:

Give reasons for wanting to join Seychelles Credit Union

Signature of Applicant _____

Proposer's Name _____ A/c No _____ Signature _____

Secunder'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: Form to be accompanied by;

1. Valid NIN/Passport of applicant	2. A passport sized photo
3. Utilities bill to support proof of address (not more than 3 months old)	4. Proof of employment/ payslip (not more than 3 months old)
*If self-employed, applicant must provide proof of source of funds and/or income declaration letter accompanied by valid license	
*SCR 300 for membership fee, shares and savings	