



# Seychelles Credit Union

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P.O. Box 342, Victoria  
Mahe, Seychelles

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

## Joint Membership Application Form

### **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 \_\_\_\_\_

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	

### **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 \_\_\_\_\_

Current Employer \_\_\_\_\_ Profession \_\_\_\_\_

Self Employed (please state) \_\_\_\_\_

Monthly Salary \_\_\_\_\_

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 Joint Deposit (SCR) \_\_\_\_\_

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

Initial Joint Deposit \_\_\_\_\_

Expected Monthly Joint Savings \_\_\_\_\_

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

Signatures of Applicants \_\_\_\_\_

(First Applicant)

(Second Applicant)

Proposer's Name \_\_\_\_\_

A/c No \_\_\_\_\_

Signature \_\_\_\_\_

Seconder's Name \_\_\_\_\_

A/c No \_\_\_\_\_

Signature \_\_\_\_\_

**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:  
\_\_\_\_\_

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;**

<b>1. Valid NIN/Passport of applicants</b>	<b>2. Passport sized photo of both applicants</b>
<b>3. Utilities bill to support proof of address (not more than 3 months old)</b>	<b>4. Proof of employment/ payslip (not more than 3 months old)</b>
<b>*If self-employed, applicant must provide proof of source of funds and/or income declaration letter accompanied by valid license</b>	
<b>SCR 500 for membership fee, shares, and savings</b>	