



Seychelles Credit Union

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

Tel: +248 4290190
website: www.scu.sc

SF 5

Membership Application – Corporate Entities/Associations/Groups

PARTICULARS OF CORPORATION/ASSOCIATION/GROUP

Entity Name _____ Registration No. _____

Address

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

PARTICULARS OF OFFICE BEARERS

Position: _____

Surname of Applicant _____ Name(s) in full _____

NIN/Passport No. _____ Date of Birth _____

Gender Male Female

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

Position: _____

Surname of Applicant _____ Name(s) in full _____

NIN/Passport No. _____ Date of Birth _____

Gender Male Female

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

Position: _____

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 _____

Position: _____

Surname of Applicant _____ Name(s) in full _____

NIN/Passport No. _____

Gender Male Female

Flat Name &No _____
Sub District _____
District _____
Street Name _____
Island _____
PO BOX _____

Home Tel No. _____
Mobile No. _____
Email Address _____

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

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

Income/Profit Forecast _____

Expected Monthly Deposit _____

Source of Funds:	
Profit	
Sponsorship/Donation	
Other (please state):	

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

Accounts held with other banks:

Bank Name	
Account Type	

Signatures of Applicant's representatives:-

Sig..... Sig..... Sig.....

Name..... Name..... Name.....

Dated this.....day of 20....

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

Secunder's Name A/c No..... Signature.....

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. Article of Association/constitution of association/structural business letter	6. Resolution of Board of Directors/Management Committee supporting the application to join SCU
7. Recent Business Tax Return (SRC)/Financial Statements/Declaration of Income	
*If office bearers are not the directors of the business, please attach copies of NIN of Directors.	
SCR 300 for membership fee, shares, and savings	