



Seychelles Credit Union

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

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

SF 2

Joint Membership Application

First Applicant

Surname Name(s) in full.....
 Identity No. Date of Birth Age.....
 Residential Address..... T el No. (Residence) Mobile
 Email Address.....
 Postal Address.....
 Current Employer..... Length of service in current job.....
 Monthly Salary..... Profession.....
 Accounts held with other banks:
 Bank Name..... Account Type.....
 Bank Name..... Account Type.....

Second Applicant

Surname Name(s) in full.....
 Identity No. Date of Birth Age.....
 Residential Address..... T el No. (Residence) Mobile
 Email Address.....
 Postal Address.....
 Current Employer..... Length of service in current job.....
 Monthly Salary..... Profession.....
 Accounts held with other banks:
 Bank Name..... Account Type.....
 Bank Name..... Account Type.....

Initial Joint Deposit..... Expected Monthly Joint Savings
 Give reasons for wanting to join Seychelles Credit Union.....

Signatures of Applicants
 (First Applicant) (Second Applicant)

Dated thisDay of..... 20.....

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

Seconder'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) ID cards of applicants; 2) A passport size photo of each applicant; 3) Rs 300 membership deposits & fee; 4) Utilities bill to support proof of residence; 4) Proof of employment, length of service and monthly salary.