



BJ STAFF COOPERATIVE CREDIT UNION

UPDATE ON PERSONAL DATA

Name:
(PRINT NAME)

Marital Status:

Address:

Telephone Nos. (H)..... (W)..... (C).....

E-mail Address:

TRN No.

Beneficiary(ies)	Name	Portion Assigned
(1)
(2)
(3)
(4)
(5)
(6)

Persons to be contacted in case of emergency:

Name: **Relationship**

Address: **Telephone No.**

Attach recent passport size picture or copy of Driver's Licence

Signature:

Date:

Witness (1) **(2)**

Kindly return form to the Credit Union office as early as possible.

NOMINATION FORM
(PURSUANT TO "THE CO-OPERATIVE SOCIETIES ACT")

Name of Society _____

Account Number _____

I, _____ of _____
(Full Name) (Address)

Being _____ and a member of _____
(Occupation) (Credit Union)

Hereby nominate the following as the only persons (none of them being an Officer or Servant of the Credit Union, unless such persons is the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew, or Niece of me, the Nominator), to or among whom shall be transferred my property in the Credit Union, whether in Shares, Loans, Deposits, or otherwise at my decease in such proportions as is set forth below opposite their respective Names:

NAME	RELATIONSHIP	ADDRESS	PROPORTION

Where the Nomination is not intended to comprise the whole of the member's property in the Credit Union, the amount to be comprised in it, is to be specified. Any previous nomination made by me is hereby cancelled.

As Witness to my hand, this _____ day of _____ 20 _____

1. _____
SIGNATURE OF MEMBER MAKING NOMINATION ADDRESS

2. _____
SIGNATURE OF WITNESS ADDRESS