

National Farmers & General Workers Co-operative Credit Union Society Ltd <u>APPLICATION FOR COMPANIES OR GROUP(S)</u>

| Account #: | |
|------------|--|
|------------|--|

| BUSINESS INFORMATION | | | | | | | |
|--|-----------------------------|--|------------------------|------------------|--------------------|------|--|
| Registered name of Business/ Group: | | | | Business number: | | | |
| Operating Name (if different from registered name): | | | Date of Incorporation: | | | | |
| Address of Business or Group: | | | Mailing Address: | | | | |
| Email Address: | | | Telephone#: | | | | |
| Business Type: Select | ct one | | | | | | |
| Cala Daniel danie | D. D | A service discussion of the latest of the la | ٦., | | | | |
| Sole Proprietors | ship Partnership | AUTHORISED SIGNATORI | other | · | | | |
| 1. Full Name: | | AUTHORISED SIGNATORI | LES | Doci | gnation/Ti | tla• | |
| 1. Full Name. | | | | Desig | gnauon/11 | uc. | |
| | | | | | | | |
| Address: | | | | Telephone#: | | | |
| Photo ID Type | NIS/SSN#: | ID# | LIC# | C# | | PP#: | |
| Signature: | | | | Date: | | | |
| 2. Full Name: | | | | Desig | Designation/Title: | | |
| | | | | | | | |
| Address: | | | | Telep | ohone#: | | |
| Photo ID Type: | NIS/SSN#: | ID#: | LIC#: | • | | PP#: | |
| Signature: | | | | Date: | | | |
| 3. Full Name: | | | | | Designation/Title: | | |
| | | | | | | | |
| Address: | | | | Telephone#: | | | |
| Photo ID Type: | NIS/SSN#: | ID#: | LIC#: | | | PP#: | |
| Signature: | | | | Date: | | | |
| Signing Conditions: Any two jointly Grouping and significant | igning limits as follows: _ | | | | | | |

I/We hereby certify that the statements and information on this application form are true and correct to the best of our knowledge and belief. We authorize the National Farmers & General Workers Co-operative Credit Union Society Ltd. (NF&GWCCU) to investigate all statements or other information contained in this application form. We agree to conform to the by-laws of the Credit Union and to Co-operative Societies' Act and rules.

| Authorized Signature: | Date: | | | | | |
|--|-------|--|--|--|--|--|
| Authorized Signature: | Date: | | | | | |
| Witness Signature: | Date: | | | | | |
| Branch Administrator Signature: | Date: | | | | | |
| General Manager's Signature: | Date: | | | | | |
| How did you learn about our Credit Union? Telephone Tv Ad Radio Ad Facebook Website Other (please specify): | | | | | | |
| FOR OFFICAL USE ONLY | | | | | | |
| Approved by Secretary of Board of Directors' | Date: | | | | | |