



Dennerly Community Credit Cooperative Society Ltd

APPLICATION FOR ENTERPRISE OR GROUP(S)

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: <i>Select one</i>					
☐ Proprietorship ☐ Partnership ☐ Association/Club/Society ☐ other _____					
Kind of Business: <i>Select</i>		W/Sale		Retail	
		Hospitality		Manuf.	
		Other:-			
AUTHORISED SIGNATORIES					
1. Full Name:				Designation/Title:	
Address:				Telephone#:	
Photo ID Type	NIS/SSN#:	ID#	LIC#	PP#:	
Signature:			Date:		
2. Full Name:				Designation/Title:	
Address:				Telephone#:	
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 signing 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 Dennery Community Credit Co-operative Society Ltd. (DECOS) 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: _____
Authorized Signature: _____	Date: _____
Witness Signature: _____	Date: _____
Administrative Asst. Signature: _____	Date: _____
General Manager’s Signature: _____	Date: _____

How did you learn about our Credit Union? ☐ Telephone ☐ Tv Ad ☐ Radio Ad

☐ Social Media ☐ Website ☐ Other (*please specify*): _____

☐ **FOR OFFICAL USE ONLY**

Approved by Secretary of Board of Directors’ _____ Date:

Compliance Review.

Risk Level: LOW ☐ MED. ☐ HIGH ☐

Reviewed by Compliance Officer: _____ Date: