



Suite 4, 39 Edward Street, Port of Spain
Telephone: (868) 625-1496 :: Fax: (868) 624-5932
Email: cimpexcu@gmail.com

15. Date of Birth: _____

16. Is the child a member of the CIMPEX Credit Union? Yes No

17. If YES please enter Credit Union Account No: Passbook No:

18. If **NO**, please note that children who are not members are given \$20.00 starter shares upon payment of \$10.00 registration fee.

19. Submit original and a copy of one of the following:

- a. Student Performance Report
- b. Placement Slip
- c. Birthday Certificate

20. Is your child applying for an Award from another credit union? Yes No

21. If **YES**, please state the name of the Credit Union:

CERTIFICATION

I, _____ hereby certify that the information submitted by me on this application is true and correct, dated this _____ day of _____ 20____

SIGNATURE: _____

OFFICIAL USE

SIGNATURE: _____ DATE: _____