

TECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

JOINT PARTNER AGREEMENT

The joint partner with authorization has the authority to conduct share withdrawals and deposits transactions as authorized by the member. The joint partner must be 14 years and over and a member of TECU Credit Union.

JOINT PARTNER

* I hereby authorize

_____ to deposit/withdraw unencumbered shares to/ from my account with the Credit Union on an on-going basis. I hereby indemnify TECU Credit Union in respect of any transaction by my Joint Partner including the withdrawal of all unencumbered shares.

HOME ADDRESS _____
SURNAME FIRST OTHER
No Street City Country

NATIONAL ID _____
Issue Date Expiry Date Country of Issue

DRIVER'S PERMIT _____
Issue Date Expiry Date Country of Issue

PASSPORT NO. _____
Issue Date Expiry Date Country of Issue

EMAIL ADDRESS _____
Home Phone # Mobile Phone # Other

_____ **JOINT PARTNER'S SIGNATURE** _____ **JOINT PARTNER'S MEMBER #** _____ **DATE**

_____ **Member to Witness Joint Partner Signature** _____ **Date**

In accordance with the terms and conditions of this agreement the Members may:

- i. On giving the necessary authority by signing a form to be prescribed by the Credit Union, hold shares and/or deposit accounts jointly with their joint partner, such Joint Partner must be a member of the Credit Union.
- ii. Have a Joint Partner who may be nominated by another as a Beneficiary, but only in accordance with Section 41 of the Co-operative Societies Act Ch. 81.03
- iii. Allow the Joint Partner during the life of the member and authorized in his absence, to carry out Share and Deposit transactions on behalf of the member including but not limited to, requests for account balances, and withdrawals. However, these transactions do not include accessing loans on the Joint Member's account in his/her own right.

I declare that to the best of my knowledge and belief, I am of sound mind and in good health. TECU Credit Union shall not be held liable for the actions of my joint partner with regards to my account.

_____ **MEMBER'S SIGNATURE** _____ **MEMBER NO.** _____ **DATE**

_____ **Witness to Member's Signature (Staff)** _____ **Witness to Member's Signature (Block)** _____ **Date**

FOR OFFICIAL USE ONLY

CHECKED BY

DATE

Y	Y	Y	Y	M	M	D	D
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ENTERED BY

DATE

Y	Y	Y	Y	M	M	D	D
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AUTHORIZED BY

DATE

Y	Y	Y	Y	M	M	D	D
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