



Asian Migrants Credit Union (AMCU)

Membership Application Form

AMCU Membership No:	*Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Indonesian <input type="checkbox"/> Hong Kong <input type="checkbox"/> Others: _____
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***Name (as it appears on HKID): (in BLOCK letters) (Surname first, if you have)**

*Hong Kong I.D. #:	*Date of Birth: (dd/mm/yy)	*Sex: <i>(please tick)</i> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	*Occupation/Type of Work: <i>(please tick)</i> <input type="checkbox"/> Foreign Domestic Worker <input type="checkbox"/> Other: _____
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Contact information

***Email Address: (in BLOCK letters)**

*Mobile No.	Facebook (if any)
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Address in Hong Kong:

Other Address (address in home country if applicable):

Other Address (address in home country if applicable):

Other Address (address in home country if applicable):

Organization/s (if any):	Jurisdiction of Residence Are you a tax resident of any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please fill in the Self-certificate form)</i>
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Bank account information

Bank name:	Account name (if different from the above):
Account no.:	

Personal Information Collection Statement

I authorize the officers and committee members of the Asian Migrants Credit Union, in accordance with the Credit Unions Ordinance (Cap.119) and the AMCU Constitution and By-laws, to use, check and process my data as required for the following:

1. Processing and approval of membership application;
 2. Processing and approval of loan applications;
 3. Processing of insurance claims;
 4. Processing the application of bank autopay for savings and loan repayment;
 5. Documentation of records of membership and their shares in accordance with Art. 24 of the Credit Unions Ordinance;
- I authorize the Asian Migrants Credit Union to share part of my personal data to officers authorized by the Ordinance and the Credit Union.

I understand that upon successful membership application, my data will become a part of my membership record and may be used for all purposes as prescribed under relevant rules and regulations as well as attendant procedures, so long as I remain a member of the Credit Union.

Enquiries concerning your personal data provided in your enquiry, including making access and corrections, should be addressed to the Asian Migrants Credit Union. Address: Rm 2-6, G/F., Kam Wah House, Choi Hung Estate, Kowloon Hong Kong | Tel: +852 9208 3227 | amcu.unite@gmail.com

Commitment of Membership in the AMCU

I hereby apply for membership in the Asian Migrants Credit Union (AMCU) and commit to adhere to its principles, by-laws, policies and decisions. I hereby pay my one-time membership fee, and subscribe at least one share in fulfilment of entry requirements. I understand that the AMCU Board will approve my application before my membership comes into effect.

*Signature of Applicant:	*Date submitted (dd/mm/yy):	Received by (name of AMCU officers / staff):
*Introduced by:		
Name :	Mobile # in HK:	Signature:
Name :	Mobile # in HK:	Signature:
Approval by the AMCU Board [For use by AMCU only. DO NOT fill in below this section.]		
Made a deposit of minimum one share? Yes / No	Date submitted for approval: (dd/mm/yy)	
Orientation done? Yes / No by _____(name) on _____(dd/mm/yy)	Date approved: (dd/mm/yy)	
Approved: AMCU Secretary (printed name & signature)	Approved: AMCU President (printed name & signature)	



Asian Migrants Credit Union (AMCU)

Membership Application Form (continued)

NOMINATION OF BENEFICIARIES

Note: A member holding one share is entitled to appoint one nominee only. This nomination only takes effect after it is duly deposited with the Treasurer during the lifetime of the Member.

By virtue of the provisions of section 23 of the Credit Union Ordinance, I (name of the Member) _____
_____ of (address in Hong Kong), _____

_____ a member of Asian Migrants Credit Union, hereby
NOMINATE the person(s) named hereunder as my legal beneficiary(ies), who will receive, in the event, in the event of my death, all monies due to me by the AMCU in respect of my shares in the AMCU. The respective beneficiaries shall receive such monies in the proportion specified in the schedule below.

Nominated beneficiary(ies)	Proportion or percentage to be received
1. Name of beneficiary: Address: Relationship: Contact (Tel/Address etc):	%
2. Name of beneficiary: Address: Relationship: Contact (Tel/Address etc):	%
Witnesses to the signature of the Nominator (MUST HAVE TWO SIGNATORIES TO BE VALID):	
1. Name of witness: Address:	*Signature of witness (member):
2. Name of witness: Address:	*Signature of witness (member):
*Signature of AMCU member:	*Date submitted (dd/mm/yy):