NKWAZI COOPERATIVE SAVINGS & CREDIT SOCIETY LTD

Email: nkwazicoop@zamnet.com | Website: www.nkwazicoop.com | P.O.BOX 50547, LUSAKA | Telephone: 260-211-252318 /22

APPLICATION FOR MEMBERSHIP

A. PERSONAL INFORMATION:

Surname name:					
Forenames names:					
Date of birth:					
Gender	□ Male	□ Female	Passport Photo:		
NRC/Passport No:					
Mailing Address:					
Home Address:			Next of Kin		
Email Address:			Address:		
Telephone:			Current Employer:		
Cell:			Duty Location:		
Next of Kin:			Job Title:		
Relationship with			Staff No.:		
next of Kin:			Current Net pay:		
Next of Kin Telephone:			Terms of	□ Permanent □ Contract	
Next of Kin Cell:			Employment:	If Yes, years remaining	
B.SHARE APPLICA	TION				
I				hereby apply for	
membership in the Nkwazi Cooperative Savings and Credit Society. I attach herewith the membership fee					
or authorize the Co-operative to deduct the fee from my first contribution.					
Entrance fee is K200.00 (Two Hundred Kwacha).					
I subscribe for shares valued at K at K 5.00 (Five Kwacha per share.					

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C. DECLARATION

I hereby declare that the above particulars are true to the best of my knowledge and belief. I agree to abide by the by-laws of the society, the loan policy, any directions by Board and its Committees. I understand that all my contributions will be made via payroll deduction and I hereby authorize the necessary deductions per pay period or month from my salary as per allotment form attached.

SIGNATURE:	DATE:					
Witness: (Member of Nkwazi)						
NAME:						
SIGNATURE:	DATE:					
D FOR OFFICIAL LIST ONLY						
D. <u>FOR OFFICIAL USE ONLY</u>						
Membership No:						
Total Shareholding						
Previous No. of Shares	Value K					
Number of shares on this application	Value K					
New Total	Value K					
Board Minute No:	Date:					
Secretary's Signature:	_ Chairman's Signature:					
Applicants Checklist:						
Attach the following:						
□ Pass photo □ Current Pay slip/Stab □ Allotment Form □ Copy NRC / Passport						