For Queries/Feedback				Requirements
 Call Customer Care Line 0971425310 / 0961425310 If not resolved, call Head Business Development 0776447566/07 If still not resolved, call Chief Executive Officer 0763055341 	64322869			 2 x Passport Size Photos of Child Certified Copy of Principal Member NRC Certified Copy of Birth Certificate or Birth Record Signed DDAC Mandate Form (Where Applicable) DDAC Mandate of K215.00 (Minimum) per month
				DDAC start date should be on the 1 st of 5 th of every month.
A. TERMS AND CONDITION				
1. These Terms and Conditions govern the trust account created by Pr				
2. The Principal member acknowledges that the Account is not subject	to risk disclosure requirer	ments. The Principal Member accepts all risks as	sociated with contributions to t	he Account and the management thereof.
PARTICULARS OF PRINCIPAL MEMBER				
First Name:				
Middle Name:				
Last Name:				
NRC:				
Member Number:				
Member Organisation(if applicable):				
Email Address:				
Cellphone:		Alt Number:		
PARTICULARS OF CHILD				
Full Names of Child:				
Date of Birth:				
Gender:				
B. ACCOUNT DETAILS: Desired Deposit Per Month: ZMW		Amount in Words:		
	ONE	OFF FEES]	
		ship Registration Fee		
		IW 100.00		
Please select method of remittance of funds;	· · · · ·			
Payroll (Only applicable to Member organ	-	with CareCoop) Pay	roll Deductible amount	۲ا [
DDAC (DDAC Mandate of K215.00 (Minimum) per m	onth			
C. DECLARATION BY APPLICANT				
I account in accordance with the terms and conditions of CareCoop n account.				vledge. I the principal member agrees to oversee the trust ual contributions from my Savings account to the Tandizo
The Junior Saver account is opened and managed in the best i the account to ensure that the funds are used for their intended				
The Member acknowledges and agrees that using any online instructions provide expenses arising from their use of or reliance on the online instructions.	ed by CareCoop is at their ow	n risk. By following these instructions, the Member agr	ees to indemnify and hold harmless	s CareCoop from any claims, liabilities, damages, losses, or
		_		
Principal Member Signature			Date	
	All Forms to be emaile	ed to membership@carecoop.co.zm		

Sign Sign
FOR OFFICIAL USE ONLY: Received & reviewed by:
Name: Signature: Approvals:
Comment: Approved Rejected Approved by:
Signature:
CREATION:
Processed by (Name) Signature Date
Reviewed and Approved by: (Name) Signature Date MEMBERSHIP NUMBER Image: Comparison of the second se