MEMBERSHIP APPLICATION FORM

NOTE: Attach the following to this form:

⇒ Copy of NRC
⇒ Copy of valid Contract of Employment
⇒ 1x Passport size photo

USE CAPITAL LETTERS

Title: Dr ◯ Mr ◯ Mrs ◯ Ms ◯ Other ◯ ..... *Specify if other*

Tick where applicable

Gender: Male ◯ Female ◯

First Name | Middle (other) Name | Surname

Nationality | ID No./Passport No.

Marital Status: Single ◯ Married ◯ Divorced ◯ widowed ◯ *Tick where applicable*

Date of Birth (*Date Month Year*) | Occupation

Member Organization (Employer)

Contact Details

Physical Address	Postal Address
Telephone No. (Cell) Work:	Home:
Email Address:	

Bank Account Details

Bank Name	Bank Branch
Account Holder Full Name	Account No.
TPIN	

Next of Kin

Full Name:.....
ID No:.....
Contact No:.....
Residential Address:.....

Membership Registration Fee

ZMW100.00 (one off)

Monthly Savings | ZMW | Amount in words

DECLARATION BY APPLICANT:

By signing this Membership Form, I.....do hereby authorize my employer *(state Name)*

.....to make any due deductions from my salary and remit the same to Care Cooperative Credit & Savings Society Ltd. I hereby declare that the information provided is true and correct to the best of my knowledge and belief. I shall abide by all the Cooperative rules, regulations, By-Laws and any amendments thereof.

_____ Applicant Signature

_____ Date

EMPLOYER REFEREE:

I.....ID #..... .....Man #.....do hereby confirm that the applicant is an employee of .....

_____ Referee Signature

_____ Referee Position

_____ Date

FOR OFFICIAL USE ONLY:

Received & reviewed by:

_____	_____	_____
Name	Signature	Date

Approvals:

Comment: Approved ☐ Rejected ☐ Approved by: _____
Name

_____	_____
Signature	Date

CREATION:

_____	_____	_____
Processed by (Name)	Signature	Date

_____	_____	_____
Reviewed and Approved by: (Name)	Signature	Date

MEMBERSHIP NUMBER														