



# PRINCIPAL 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  .....  
Tick where applicable Specify if other

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  Occupation

Member Organization (Employer)

Contact Details	
Physical Address	Postal Address
	Home:
Telephone No. (Cell) Work:	<small>*if you were referred by another member</small> Name of Referee:
Email Address:	NRC and Phone No. of Referee: _____ / / , 260 _____

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:.....

**ONE OFF FEES**

1. Membership Registration Fee  
ZMW 100.00

2. Mandatory Minimum 5 Shares  
ZMW 2710.00

Please tick method of payment for Mandatory

Cash Deposit  Share Financing Loan

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

