SECONDARY MEMBERSHIP APPLICATION FORM

USE CAPITAL LETTERS

NOTE: Attach the following where applicable

- ◯ Certified Copy of NRC (Applicable for all)
- ◯ Certified Copy of Birth Certificate for Children of Principal Member
- ◯ 1 x Passport size photo (Applicable to all)
- ◯ Certified Marriage Certificate for Spouse of Principal Member
- ◯ DDAC Mandate of K215.00 (Minimum) per month (Applicable to all)
- ◯ Certified Copy of Court Order for Legally Adopted Children of Principal Member

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

Gender: Male ◯ Female ◯

First Name | Middle (other) Name | Surname

Nationality | ID No.

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

Date of Birth: *Date* *Month* *Year*

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

BANK ACCOUNT DETAILS	DDAC start date should be on the 1st of 5th of every month.
Bank Name	Bank Branch
Account Holder Full Name	Account No.
TPIN	

PRINCIPAL MEMBER DETAILS

Full Name: .....
Member Number: .....
ID No.:.....
Contact No:.....
Residential Address: .....
Relationship:.....

ONE OFF PAYMENTS

1. Membership Registration Fee ZMW 100.00
2. Mandatory Minimum 5 Shares ZMW 2710.00

Please tick method of payment for Mandatory Shares

Cash Deposit ☐ Share Financing Loan ☐

Monthly Savings | ZMW | Amount in words

DECLARATION BY APPLICANT

I .....,..... certify that the information provided herein is accurate and complete to the best of my knowledge and belief. I further agree to subscribe to the Tandizo fund and authorize CareCoop to deduct annual contributions from my Savings account to the Tandizo account. I pledge to adhere to all Cooperative rules, regulations, By-Laws, and any revisions thereof.

Applicant Signature _____ Date _____

PRINCIPAL MEMBER REFEREE

I ..... agree to guarantee the membership of .....
.....as my (Relationship)..... and do hereby confirm that the information provided above is accurate to the best of my knowledge.

Principal Member Signature _____ Date _____

All Forms to be emailed to membership@carecoop.co.zm

Signature Specimen

Sign	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															