COOP. CREDIT UNION LTD.

APPLICATION FOR MEMBERSHIP

Name:	Sex				
Date of Birth:			Place of Birth		
Occupatio	n:				
Address:					
N.I.C. NoIssued		Issued	on	at	
I wish to apply for membership in			Coop. Credit Union. I am conversant with the bye-		
	if accepted as a member, I agree to al				
				Date:	
				a membe	
	Proposed by:				
4 7			D OF DIRECTO		Data
Approved		Signature: Date: Date:			
			Allocated		
	nember: nt to the current Co-operative Law an			Account No	
	hereby nominate the following as my				
No.	NAME		RELATION	RATIO*	SIGNATURE
1.					
2.					
3.					
4.	,				
5.					
6.		marks till to day her conditions are no			
7.					
8.					
9.					
10.					
Done at _		_this_	day of _		20
Name of Member:Signature:					:
Name of V	Witness:			Signature	· .

The names of the beneficiaries should be in the order of the Birth Certificates/National Identity Cards.

^{* =} Ratio. Not more and not less than 100%