



MEMBERSHIP APPLICATION FORM

USE CAPITAL LETTERS

NOTE: Attach the following to this form:

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

Title: Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other ☐
Tick where applicable Specify if other

Gender: Male ☐ Female ☐

| | | |
|----------------------|----------------------|----------------------|
| First Name | Middle (other) Name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|---|
| Nationality | ID No./Passport No. | Marital Status |
| <input type="text"/> | <input type="text"/> | Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> widowed <input type="radio"/> |
| | | Tick where applicable |

| | |
|----------------------|----------------------|
| Date of Birth | Occupation |
| <input type="text"/> | <input type="text"/> |
| Date Month Year | |

| | |
|--------------------------------|----------------------|
| Member Organization (Employer) | <input type="text"/> |
|--------------------------------|----------------------|

| Contact Details | |
|----------------------------|----------------------|
| Physical Address | Postal Address |
| <input type="text"/> | <input type="text"/> |
| Telephone No. (Cell) Work: | Home: |
| <input type="text"/> | <input type="text"/> |
| Email Address: | <input type="text"/> |

| Bank Account Details | |
|--------------------------|----------------------|
| Bank Name | Bank Branch |
| <input type="text"/> | <input type="text"/> |
| Account Holder Full Name | Account No. |
| <input type="text"/> | <input type="text"/> |
| TPIN | |
| <input type="text"/> | |

| | | |
|---------------------|---------------------------|-----------------------------|
| Next of Kin | Full Name:..... | Membership Registration Fee |
| | ID No:..... | |
| | Contact No:..... | |
| | Residential Address:..... | |
| ZMW100.00 (one off) | | |

| | | |
|----------------------|----------------------|----------------------|
| Monthly Savings | ZMW | Amount in words |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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:

1

Rejected

Approved by:

Name

Signature

Date

CREATION:

Processed by (Name)

Signature

Date

Reviewed and Approved by: (Name)

Signature

Date _____

MEMBERSHIP NUMBER

[illegible]