

Attach photo

## Membership Application Form

### Personal Information

First Name:..... Middle Initial:..... Last Name:.....

Date of Birth:..... Address:.....

Payroll / Employment Number:..... ID/ Passport Number:.....

Tax Identification Number:.....

Marital Status: ☐ Single ☐ Married

### Contact Information

Home Phone:..... Mobile Phone:.....

Spouse Name:..... Mobile Phone:.....

Email Address:.....

### Employment Information

Employer:..... Employer Address:.....

Employer Contact Number:..... Department/Unit:.....

### Monthly Savings

**In Figures GMD:**.....

**In Words:**.....

**Type of Account:** ☐ Savings ☐ Salary ☐ Both

### Beneficiary Information / Next of kin

Beneficiary Name:.....

Relationship:..... Address:.....

Phone Number:.....

### Authorization and Agreement

I certify that the information provided in this application is true and complete. I agree to abide by the bylaws and rules of the credit union. I authorise the credit union to verify the information provided.

Signature:.....

Date:.....

**Note:** As per the bylaws, you can't take a Loan or make a withdrawal until six(6) of being a member of the Credit Union. Please attach copies of your identification documents (ID card / passport / driving license) and TIN certificate