KAMCCU
CO-OPERATIVE CREDIT UNION

44 JONES NELSON STREET ADABRAKA-BEHIND THE GOIL FILLING STATION
C/O P.O. BOX 12148 ACCRA-NORTH, GHANA TEL: 0302680838 0202399642
www.kamccu.com|kamccu4u@yahoo.com|info@kamccughana.com

GAR/NC 153

THE HAPPY FAMILY

PASSPORT

SIGNATURE

THUMPRINT

Account Name

Account Numbers:

Membership No:

APPLICATION FOR MEMBERSHIP INFORMATION - INDIVIDUAL

Date: **Relationship Officer:**

Personal Details

Title: Mr. Mrs. Miss. **Others (Please specify)**

Surname: **Other Name:**

Maiden Name: **Gender:** Male Female **Nationality**

Date of Birth: **Place of Birth/Region:**

Homtown:

Contact:

Type of ID: **ID No:** **Issue Date:**

Expired Date:

Marital Status: Single Married Divorced Separated Widow Other

Name of Spouse/Relative **Contact:**

House Owner: Rent Full owner Family House Other:

Religion: **Place of worship:**

Residential Address:

Direction to Residence:

Landmark:

GPS Address:

Town/City:

Postal Address:

Email:

Occupation: Employee **Name of Employer** **Mths/yr In Company**

Entreprenuer **Business Activity**

Employee Income Range 250 - 1,000 1,000 - 2,000 2,000 - 3,000 3,000 Above

Direction to workplace

Nominees of Next of kin

Incase of my death i desire that my entire assets and liabilities in the Credit Union should go to the below listed person in the proprtion herein indicated

1. Name
Address
Relation
Contact
Percentage

2. Name
Address
Relation
Contact
Percentage

3. Name
Address
Relation
Contact
Percentage

4. Name
Address
Relation
Contact
Percentage

Recommendation by existing Member(s)

Account Number: Contact: Address:

I hereby apply for membership in the above mention Co-operative Credit Union and agree to abide by the laws of the Union. I understand that to be member in good standing, I must fulfill my minimum share, make regular savings and repay my loans promptly. I promise to make Commitment of the following

Shares GHs Savings GHs Entrance fee GHs

Customer Signature/Thumprint

Office Use Only

Category of Membership: ☐ Staff (CUA) ☐ Community ☐ Others _____

Proceeded By: _____ Member Relation Officer _____ Signature ☐☐☐ Date

_____ Management _____ Signature ☐☐☐ Date