

AWUTU EFFUTU SENYA TEACHERS CO-OPERATIVE CREDIT UNION LTD



P.O. BOX 201 - WINNEBA, TEL: 0248648282

MEMBERSHIP FORM

MEMBERSHIP NO. For office use

COMMUNITY

TEACHER

OTHER GOV'T WORKER

A. Name of Applicant:..... Gender:.....
(Surname first in Block Letters)

B. Office Address:.....

i. Residential Address:..... House No:.....

C. Date of Birth:..... Marital Status:..... Spouse Name:.....

D. Nationality:..... Home Town:.....

i. National ID Type:..... ID No.:.....

E. Business Type:..... Location:.....

F. Staff ID No:..... Tel No:.....

G. Mode of Payments of Savings, Loans, Shares: CAGD Susu Cash Bank
(Controller and Accountant General department) Other means:.....

H. I hereby apply for membership in the above-named Credit Union and agree to be bound by Bye-Laws of the society. I understand that, to have a successful society, members must make regular savings, collect loans for good purpose only and make regular payment of all loans taken.

i. I have decided to make Regular Monthly savings of GHS

ii. Enclosed herewith is my Entrance Fee of GHS

iii. To acquire shares of at GHS5.00 per share, value at GHS.....

Note: Minimum shareholding: 60 shares at GHS300.00.

I. NOMINEE (S)

In case of death, I desire that the entire savings standing to my credit be paid to the under-mention person(s).

S/N	NAME	RELATION	PERCENT	ADDRESS	CONTACT
1					
2					
3					
4					
5					

.....
Signature / Thumbprint

.....
Date

Witnessed By.....
(NAME IN BLOCK LETTERS)

.....
Signature / Thumbprint

Address of Witness.....

.....
Date

Tel. No(s):.....

Contact Person:.....

.....
Date

Tel. No(s):.....

Name of Person introducing you:.....

Address / Department:.....

Note:

Members can pay their Savings and Loans repayment into the following Account:

GCB Winneba Branch 3051130002033 and Emasa Winneba Branch 1120000695011