



Signature/Thumbprint

NORTH -TEMA CO-OPERATIVE SAVINGS & CREDIT UNION

P.O. BOX CS 8190, TEMA. TEL. 0303-307197/0271651830 /0244971814 E-mail: northtemacu@yahoo.com

DATE:...../...../.....

MEMBERSHIP APPLICATION FORM

ACCOUNT NUMBER:

CLIENT INFORMATION

First Name *	Middle Name	Last Name *	Common Name

Title *	Gender *	Client Category *	Date Of Birth / Incop.	Home phone

Mobile No.*	* Email Address	City/Town	Nationality *

Home Region *	Residential Address	Place of Work	Occupation

Work Address	ID TYPE & NUMBER		

FAMILY DETAILS

<u>NAME</u>	<u>RELATION</u>	<u>DATE OF BIRTH</u>	<u>CONTACTS #</u>	<u>ADDRESS OF PERSON</u>

INTRODUCED BY: NAME..... A/C # PHONE:.....

NEXT OF KIN DETAILS

	NAME	DATE OF BIRTH	RELATION	SEX	TEL	PERCENTAGE
NEXT OF KIN 1						
NEXT OF KIN 2						
NEXT OF KIN 3						
NEXT OF KIN 4						

EMERGENCY DETAILS

NAME	CONTACTS #	RELATION	ADDRESS OF PERSON

DECLARATION

I hereby apply for membership in North Tema Co-operative Savings and Credit Union and agree to be bound by the bye-laws of the society. I understand that to make the society successful, members must make regular monthly savings, receive loans for good purposes, make prompt payment of all loans taken and attend monthly general meetings.

I have decided to start regular minimum monthly savings of GHC.....

Enclosed herewith is my full / part registration fee of GHC.....