MINESCH CO-OPERATIVE CREDIT UNION

UNIVERSITY OF MINES AND TECHNOLOGY

P. O. BOX 237, TARKWA, GHANA. Tel: 03*120 99776 Fax: (233) 3123 2030*

MEMBERSHIP APPLICATION FORM
INDIVIDUAL ACCOUNT

BRANCH

BASIC DETAILS
Title: …… Surname Name: …… Other Names(s): …… Gender: …… Date of birth: …/……/…… Occupation: …… Marital Status: (a) Married ☐ (b) Single ☐ (c) Widow ☐ (d) Divorced ☐ Nationality: …… Place of birth: …… Home town: …… Name of Spouse…… Tel no……

CONTACT AND IDENTIFICATION DETAILS

Phone Number(s): …… Mobile Number (s): ……

ID Type: (a) GHANA CARD ☐ (b) PASSPORT ☐

ID Number: ……

Date issued: …… Date expired: ……

Estimated times of deposit per month: …… Estimated times of withdrawal per month: ……

Estimated amount of deposit per month: …… Estimated amount of withdrawal per month: ……

Residential Address:
……

(Any land mark):
……

E-mail address:
……

EMPLOYMENT DETAILS

Profession: ……..

Workplace:
……..

Workplace Address: ……..

Rank/Position: ……..

Employment status: (a) Hired ☐ (b) Self-employed ☐ (c) Student ☐ (d) Trainee ☐

Mode of contribution: (a) cash ☐ (b) cheque ☐ (c) source deduction ☐

Controller Staff ID: …… Amount to be deducted: Gh……

RESOLUTION

1. I hereby agree to buy the minimum shares that make me a shareholder in MINESCHO Co-operative Credit Union.
2. I also agree to make regular monthly savings contribution into my Normal Savings Account.
3. I hereby agree to the society's withdrawal policy on Normal Savings Account which is 50% maximum of Total Savings balance.
4. I hereby agree that I will give the society three (3) month notice before terminating my membership with the society through a formal application.
5. I hereby agree to always present my passbook and a valid ID for all my transactions.
6. I hereby apply for membership in Mineshco Co-operative Credit Union and agree to pay an entrance fee of…… And be bound by the society's bye-laws.
7. I hereby declare that all the information provides here-in are the most accurate details about me.

Application's Signature: …… Date: ……/……../……

NEXT OF KIN

In case of my death, I authorize that my contributions standing in my account{s} be paid to the under mentioned person{s}

1. Name: …….. Relationship: ……..

   Address: ……

   Date of birth: ……. Place of birth: …….

   Share of Benefit in Percentage: …… Contact Number: ……

2. Name: …….. Relationship: ……..

   Address: ……

   Date of birth: ……. Place of birth: …….

   Share of Benefit in Percentage: …… Contact Number: ……..

3. Name: …….. Relationship: ……..

Address: ……

Date of birth: …… Place of birth: …….

Share of Benefit in Percentage: …….. Contact Number: ……..

4. Name: …….. Relationship: ……

Address: ……..

Date of birth: …… Place of birth: ……

Share of Benefit in Percentage: …… Contact Number: ……

Applicant's Signature: …….. Date: …… /……/……..

FOR OFFICE USE

¶ → Entrance Fees Received GHS …… Account No……

→ Name of Account Opening Officer: ……

→ Signature of Officer: ……

→ Date of Approval: ……/……/…… Branch: ……

→ Signature of Branch Manager: ……