



## **“Afro-Caribbean Consolidated Mutual Fund Program”**

*Innovative Empowerment Enhancing Livelihoods...*

### **Membership Registration Guidelines**

Please it is important that accurate and true information be provided as the information provided will be entered into **‘Afro-Caribbean Consolidated Mutual Fund Program’** data to facilitate **Membership Confirmation, Benefits, Loan Grants, ROMF Payments and Privileges.**

#### **1. Registration Fees**

##### **1a. Please See Attached Form:**

- |                       |   |                            |
|-----------------------|---|----------------------------|
| 1) Blossom Membership | → | USD\$50.00 x 2 Years Term  |
| 2) Cruiser Membership | → | USD\$70.00 x 2 Years Term  |
| 3) Safari Membership  | → | USD\$100.00 x 3 Years Term |
| 4) Alpha Membership   | → | USD\$150.00 x 3 Years Term |

##### **1b. How to Register:**

1. Pay **‘Membership Registration Fee’** into **African Caribbean Network Foundation (ACNF)** designated **‘Bank Account’** in your Country/Region
2. Present your **‘Payment Teller’** to a **Coordinator, Regional/State Coordinator, or Zonal Director** to collect **‘Registration Form’**
3. Ensure that the **‘Name’** on your **‘Registration Form’** is the same **‘Name’** on your **‘Payment Teller’**
4. Ensure to include your **‘Bank Account Detail’** to facilitate **‘ROMF Payments’** & **‘MF Loan Grants’**
5. Fill and return **‘Registration Form’** to the **Coordinator, Regional/State Coordinator, or Zonal Director** for processing
6. **‘MF Identity Card’** will be issued to you within **‘2 Weeks’** to confirm your registration & membership

#### **2. Terms & Conditions...**

- 2a. Membership and Benefits is subject to the **‘Mutual Fund Program’** terms and conditions
- 2b. Membership will only be confirmed upon receipt of **Payment** and **‘Registration Form’**
- 2c. **Membership Registration Fees** stated herein context does not include any other **Fee** or **Charge**
- 2d. In the event of **Non-Conformity** with your **Registered Name** and **Payment Details**, neither the **Coordinator, Regional/State Coordinator, Zonal Director** nor **‘African Caribbean Network Foundation (ACNF)’** will be held liable.
- 2e. I hereby confirm that I have read and agree to the registration and membership policy, terms and conditions of **‘Afro-Caribbean Consolidated Mutual Fund Program’**

Full Name (Mr./Mrs./Ms): \_\_\_\_\_  
Last/Surname First Name Other Names

Profession/Occupation: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Attach  
Passport Picture  
Here

## "Afro-Caribbean Consolidated Mutual Fund Program"

*Innovative Empowerment Enhancing Livelihoods...*

### REGISTRATION FORM

#### Membership Information

Application Date (Month/Day/Year): \_\_\_\_\_

#### Part 'A'

Title/Prefix: ☐ Mr. ☐ Mrs. ☐ Ms.

Surname: \_\_\_\_\_

First/Given Names: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Position/Status: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Residential Address (No P.O. Box): \_\_\_\_\_

\_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Home Town: \_\_\_\_\_ LGA/Region: \_\_\_\_\_

State of Origin: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Religion: Christianity ☐ Anglican ☐ Catholic ☐ Pentecostal ☐ Others ☐ Muslim

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widow/Widower

Next of Kin: \_\_\_\_\_

Next of Kin (Mobile Phone): \_\_\_\_\_

Next of Kin (Email): \_\_\_\_\_

#### Member Account Details...

Fill out details of your 'Account Details' to facilitate 'Return On Mutual Fund (ROMF)' Payments:

Member Full Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Bank Sort Code: \_\_\_\_\_ Bank: \_\_\_\_\_

## Part 'B' (Questionnaire)

Your candid answers will be used only for the purpose of **Membership Evaluation** and **Accreditation**. Any **Wrong Answer/Information** automatically disqualifies your **Membership Evaluation** and **Accreditation**

- What is your reason for applying for '**Afro-Caribbean Consolidated Mutual Fund Program**' Membership?  
\_\_\_\_\_
- Do you have any Criminal/Police Record? ☐ Yes ☐ No  
If Yes, Please explain: \_\_\_\_\_
- Are you a **Substance Abuser**? ☐ Yes ☐ No
- Have you ever been convicted of any Criminal Offence such as Armed Robbery, Drug Abuse/Trafficking, Forgery, Fraud, Financial Embezzlement/Misappropriation, Wife/Child Abuse, Rape, Murder, Etc?  
Yes ☐ No ☐ If Yes, please supply us with the facts, as this does not necessarily disqualify you from being accredited.

## Preferred Membership

(Registration & Accreditation will be processed after Confirmation of Payment)

Membership	Blossom	Cruiser	Safari	Alpha
Registration Fee	USD\$50.00	USD\$70.00	USD\$100.00	USD\$150.00
Term	2 Years	2 Years	3 Years	3 Years
Mutual Fund	USD\$200.00	USD\$300.00	USD\$500.00	USD\$1,000.00
Return On Mutual Fund (ROMF)	20%	20%	20%	20%
Return On Mutual Fund Maturity	Quarterly x 2Yrs	Quarterly x 2Yrs	Quarterly x 3Yrs	Quarterly x 3Yrs
Preferred Membership (Please Just Tick Good in the appropriate Box)				

## Payment Details...

Fill out details of '**Payments**' made by '**Bank Cash Deposit/Transfer**':

Registration Fee Paid: \_\_\_\_\_ (\$ \_\_\_\_\_)

Blossom ☐ Cruiser ☐ Safari ☐ Alpha ☐

Mode of Payment: ☐ Cash Deposit ☐ Bank Transfer ☐ Cheque

Payment Made By: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 'C' (Declaration)

I \_\_\_\_\_ warrant that I have fully read and understood the foregoing, and answered the above questions truthfully. Neither have I withheld any required personal information, which may be relevant to '**African Caribbean Network Foundation (ACNF)**' accreditation of my person as '**Afro-Caribbean Consolidated Mutual Fund Program**' Member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 'D' (For Official Use Only)

**African Caribbean Network Foundation (ACNF)** hereby acknowledges receipt of your registration and having met the 'Financial Requirement' for 'Registration' forthwith approves your '**Membership**' of '**Afro-Caribbean Consolidated Mutual Fund Program**'.

Membership Category: ☐ Blossom ☐ Cruiser ☐ Safari ☐ Alpha

Registration Fee Paid: \_\_\_\_\_ (\$ \_\_\_\_\_)

Application Received By: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(State Coordinator/ Zonal Director)

## Payments...

### 'Return On Mutual Fund (ROMF)'

1<sup>st</sup> Quarter Payment: \_\_\_\_\_ (N k)

Date of Payment: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(State Coordinator/ Zonal Director)

2<sup>nd</sup> Quarter Payment: \_\_\_\_\_ (N k)

Date of Payment: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(State Coordinator/ Zonal Director)

3<sup>rd</sup> Quarter Payment: \_\_\_\_\_ (N k)

Date of Payment: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(State Coordinator/ Zonal Director)

4<sup>th</sup> Quarter Payment: \_\_\_\_\_ (N k)

Date of Payment: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(State Coordinator/ Zonal Director)

5<sup>th</sup> Quarter Payment: \_\_\_\_\_ (N k)

Date of Payment: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(State Coordinator/ Zonal Director)

6<sup>th</sup> Quarter Payment: \_\_\_\_\_ (N k)

Date of Payment: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(State Coordinator/ Zonal Director)

7<sup>th</sup> Quarter Payment: \_\_\_\_\_ (N k)

Date of Payment: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(State Coordinator/ Zonal Director)

## General Updates...

It is indeed a pleasure to introduce 'Afro-Caribbean Consolidated Mutual Fund Program' to you. The novel program designed to 'Innovatively Empower' and 'Enhance Livelihoods' of 'Low Income Earners' and the 'Less Privileged'. **African Caribbean Network Foundation (ACNF)** is fully responsible for the coordination and management of the program in Africa for certain. As such, all Payments (Registration Fees & Mutual Investment Funds) should be made directly to **African Caribbean Network Foundation (ACNF)** designated **Bank Accounts** in Members Country of residence only. **African Caribbean Network Foundation (ACNF)** is absolutely not responsible for any 'Registration Fees', **Accreditation Fee**, 'Mutual Fund (MF)' and or 'MF Loan Grant' payment made to any Individual or organization, and is totally indemnified from such an act.

Signed:  
Management