

MEMBERSHIP APPLICATION FORM

MEMBERSHIP NO _____

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE VULINDLELA YEMASWATI SAVINGS & CREDIT COOPERATIVE SOCIETY LIMITED.

NAME (in Full) _____

ID NUMBER _____ GENDER _____

POSTAL ADDRESS _____

RESIDENTIAL ADDRESS _____ CHIEF _____

CONTACT DETAILS (work) _____ (cell) _____

MARITARY STATUS _____ DATE OF BIRTH _____

OCCUPATION _____ EMPLOYMENT # _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

I agree to make a minimum savings _____ of per month If application is accepted I agree to pay an Entrance Fee of E _____ & Shares Capital of _____

I agree to abide by all the laws of the society

NOMINEE _____ IDENTITY # _____

Date _____ SIGNATURE _____ CONTACT _____

(Applicant)

FOR OFFICE USE ONLY

APPLICATION APPROVAL/REJECTION BY COMMITTEE

DATE OF APPROVAL/REJECTION _____

MINUTE NO _____ . DATE _____

SIGNATURE _____

DATE OF TERMINATION _____

REASONS _____

(INFORMATION TO BE TRANSFERRED TO MEMBERSHIP REGISTER)