



MEMBERSHIP APPLICATION FORM

PLEASE FILL IN THE FORM USING BLOCK LETTERS ONLY

Date Joined: _____

A. BASIC PERSONAL INFORMATION

Surname : _____
First name : _____
Other name (s) : _____
Gender : Male Female
Title : Mr. Mrs. Miss. Dr. Prof. Rev. Other _____
Marital Status : Married Single Widowed Divorced
Date of Birth : _____ / _____ / _____ (dd/mm/yyyy)
Nationality : Malawian None Malawian (state Nationality) _____
ID Document
National ID No: _____
Passport No: _____
Driving Licence No: _____
Voter Registration Cert No: _____
Office ID No: _____

B. OCCUPATION DETAILS

Name of Employer: _____ Net pay :(MK) _____
Job title: _____
Department: _____
Employment no / ID no: _____ Payroll No: _____
No of years with employer: _____ Employer Tel No: _____
Highest Qualification: _____

C. CONTACT DETAILS

Postal Address: _____
Residential Address/Township: _____ *sketch map of location*
Town/City: _____ *at the back of this page*
Mobile Number: _____
Email _____
Village: _____ Traditional Authority: _____
District: _____ Region: _____



D. COMMERCIAL BANK ACCOUNT DETAILS

Bank Name: _____

Account Number: _____

Account type: _____ Branch: _____

E. Next of kin Name: _____ Mobile Number: _____

F. Beneficiaries Full Name _____

G. DECLARATION

I _____ declare that the information I have given is true and I will be liable for any information or part there of which is false.

Member's Signature: _____ Date: _____ (dd/mm/yyyy)

Member's Signature: _____ Date: _____ (dd/mm/yyyy)

H. FOR CHITUKUKO SACCO USE ONLY

Interviewed by: _____ Signature: _____ Date: _____

Recommended by: _____ Signature: _____ Date: _____

This member has been Approved Declined *if declined give reason*

Manager: _____ Signature: _____ Date: _____

Data Capture and authorization

Data input by: _____ Signature: _____ Date: _____

Authorized by: _____ Signature: _____ Date: _____



I. MEMBER / CLIENT NOMINEE DETAILS.

MEMBER / ACCOUNT HOLDER DETAILS

Client / Member Account Number: _____

Account Type: _____

Account Holder First name: _____

Account Holder Last name: _____

NOMINEE DETAILS

First name of nominee: _____

Middle name of nominee: _____

Last name of nominee: _____

Gender: _____

Date of Birth: _____

ID Number: _____

Cellphone number: _____

Email: _____



J. AGREEMENT BETWEEN AN EMPLOYEE OF

_____ (A Member of CHITUKUKO SACCO)

& CHITUKUKO SACCO SOCIETY LIMITED

In compliance with one of the requirements for membership into the above referred SACCO,

I _____ (full names) hereby agree that in the event of my resignation or termination from employment with _____ (company) and if unable/unwilling to settle my financial obligation with the SACCO from my own means, _____ (company) shall assist the SACCO in the recovery process using my terminal and/or other benefits.

SIGNED: Employee	DATE.....
WITNESSED BY: Designation	
Chitukuko SACCO Official Designation.....	

AUTHORISATION FORM

I _____ Employed as _____

By _____

freely authorize the Company until further notice by me in writing through CHITUKUKO SAVINGS & CREDIT COOPERATIVE monthly deductions plus membership fee for the first month in the sum of

K _____ broken down as follows;

SHARES	K _____	
ORDINARY SAVINGS DEPOSITS	K _____	
FIXED DEPOSITS	K _____	
SCHOOL FEES SAVINGS DEPOSIT	K _____	
HOLIDAY SAVINGS DEPOSITS	K _____	
CHRISTMAS SAVINGS DEPOSITS	K _____	
MEMBERSHIP APPLICATION FEE	K _____	<i>(First month only)</i>

MEMBER SIGNATURE: _____ DATE _____