



# KAMCCU

## CO-OPERATIVE CREDIT UNION

44 JONES NELSON STREET ADABRAKA-NEAR SACEY ADDO SECRETARIAL INSTITUTE  
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**THE HAPPY FAMILY**



### APPLICATION FOR MEMBERSHIP

#### PARTICULARS OF APPLICANT

Name: .....  
Date of Birth: ..... Sex:  M  F  
Postal Address: .....  
Residential Address .....  
Landmark: .....  
Type of ID: .....  
Occupation: .....  
Employer: .....  
Direction to work place .....

Account No.:   
Home Town: .....  
Tel: .....  
Email: .....  
GPRS: .....  
ID NO.: .....  
Name of Company: .....  
Position: .....

Employee Range of Income  250-1,000  1,001-2,000  2,001-3,000  3,001-Above

#### MARITAL STATUS

Name of Spouse / Relative  Contact:

I hereby apply for membership in the above-mentioned Co Operative Credit Union and agree to abide by the bye-laws of the Union. I understand that to be a member in good standing, I must make regular saving, and repay my loan promptly.

I promise to make my initial saving of GH¢  Shares of GH¢

I enclose herewith, my entrance fee of GH¢

Signature / Thumbprint  Date:

#### RECOMMENDATION BY EXISTING MEMBERS

Name:  Account No.:

Contact Address:  Tel. No.:

Date:  Signature

#### NOMINEE(S) (NEXT OF KING)

In case of my death I desire that my entire assets and liabilities in the Credit Union should go to the below listed persons in the proportion herein indicated

1. NAME: <input type="text"/>	RELATION <input type="text"/>	PERCENTAGE <input type="text"/>
ADDRESS: <input type="text"/>	CONTACTS: <input type="text"/>	
2. NAME: <input type="text"/>	RELATION <input type="text"/>	PERCENTAGE <input type="text"/>
ADDRESS: <input type="text"/>	CONTACTS: <input type="text"/>	
3. NAME: <input type="text"/>	RELATION <input type="text"/>	PERCENTAGE <input type="text"/>
ADDRESS: <input type="text"/>	CONTACTS: <input type="text"/>	

#### MANAGEMENT APPROVAL

Name  Signature  Date: