



# ARCCU CO-OPERATIVE CREDIT UNION LTD



## MEMBERSHIP APPLICATION FORM

### PERSONAL INFORMATION

ACCOUNT NUMBER

#### ACCOUNT INFORMATION

SAVINGS TYPE:

DIRECT ☐

DAILY ☐

BRANCH

*IF DAILY SAVINGS*

ACCOUNT MANAGER

PROPOSED MONTHLY SAVINGS

ACCOUNT TYPE (YOU CAN SELECT ALL) \*SHARES AND DIRECT SAVINGS ACCOUNT ARE COMPULSORY

FOSA ☐

FIXED DEPOSITE ☐

MOBILE BANKING ☐

#### BASIC INFORMATION

TITLE: MR. ☐ MRS. ☐ MISS ☐ DR. ☐ PROF. ☐ REV. ☐

SURNAME

GENDER

MALE ☐

FEMALE ☐

OTHER NAMES

MARITAL STATUS

☐☐

DATE OF BIRTH

☐☐

CUSTOMER TYPE

NATIONALITY

INDIVIDUAL ☐ JOINT ☐ CORPORATE ☐ GROUP ☐ TRUST ☐

#### CONTACT INFORMATION

TELEPHONE NUMBER

RESIDENTIAL ADDRESS

MOBILE NUMBER

E-MAIL ADDRESS

ID TYPE NHIS. ☐

DRIVERS LICENSE ☐

ID NUMBER

PASSPORT ☐ NATIONAL ID ☐

#### EMPLOYMENT INFORMATION

EMPLOYMENT STATUS

PROFESSION/OCCUP.

WORK PLACE

WORK ADDRESS

POSITION

#### CORPORATE DETAILS

BUSINESS REGISTRATION NUMBER

DIRECTORS

REGISTRATION DATE

DATE OF INCORPORATION

NATURE OF BUSINESS

COUNTRY OF REGISTRATION

#### NEXT-OF-KIN INFO

1. NAME	<input type="text"/>	SHARE OF BENEFITS %	<input type="text"/>	RELATIONSHIP	<input type="text"/>	TEL	<input type="text"/>
2. NAME	<input type="text"/>	SHARE OF BENEFITS %	<input type="text"/>	RELATIONSHIP	<input type="text"/>	TEL	<input type="text"/>
3. NAME	<input type="text"/>	SHARE OF BENEFITS %	<input type="text"/>	RELATIONSHIP	<input type="text"/>	TEL	<input type="text"/>

**ABOUT THE UNION**

HOW DID YOU GET TO KNOW OF US?

(A) BY ADVERTISE

☐

(B) A MEMBER

☐

(C) THROUGH A FRIEND

☐

(D) ANY OTHER

**ECONOMIC ACTIVITY**

YOUR SOURCE OF INCOME:

SELF-EMPLOYED

☐

EMPLOYED BY A COMPANY

☐

HOW LONG HAVE YOU BEEN IN BUSINESS?

NATURE OF BUSINESS

IS YOUR BUSINESS REGISTERED?

WHERE IS YOUR BUSINESS LOCATED?

**COMMITMENT**

I HEREBY APPLY FOR MEMBERSHIP IN THE ABOVE NAMED CREDIT UNION AND AGREE TO BE BOUND BY THE SOCIETY'S  
BYE LAWS AND POLICIES OF THE UNION.

APPLICANT SIGNATURE/THUMB PRINT

DATE

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PLEASE DO NOT WRITE BELOW THIS LINE**FOR OFFICIAL USE ONLY**

DATE OF APPROVAL

APPROVAL AND SIGNATURE OF THE GENERAL MANAGER

SIGNATURE OF FIELD OPERATIONS MANAGER

FULL NAME