PASSPORT PICTURE (ONE)

GHANA CO-OPERATIVE PHARMACISTS' CREDIT UNION LTD.
P. O. BOX 6174, ACCRA - NORTH

MEMBERSHIP APPLICATION FORM

Name of applicant (in full): ……..

Postal address: ……..

Residential address: …….

Tel. No: …… Professional Reg. No. (If applicable) ……

ID #: …… (Please tick type) Voter ( ), Passport ( ), Drivers' License ( )

Date of birth: …… Gender: ……. E-mail: ……

Workplace: …… Occupation……

I hereby apply for Membership of Ghana Co-operative Pharmacists' Credit Union Ltd and agree to abide by the Bye-Laws of the Credit Union. I understand that to have a successful Credit Union, a member must make regular savings, receive loans for good purpose only and repay the loans promptly.

I have decided to start with an initial savings of GH¢ …….

I also agree to pay the entrance fee of GH¢ …….....

Minimum share capital of GH¢ ……...

Signature: …….. Date: …….

DESIGNATION OF BENEFICIARY (IES)

In accordance with the Bye-laws of the Credit Union, I do hereby declare that in the event of my death, the entire savings standing to my credit and all other entitlements should be paid to the under mentioned person (s).

Name	**Address**	**Relationship**	**% of benefit**
……..	……..	……..	……...
……..	……..	……..	……...
……..	……..	……..	……...

Signature of Applicant: …… *Signature of Witness: ……..*

Date: …… *Date: ……*

NB// A WILL SUPERSEDES THIS DECLARATION

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INFORMATION ON APPLICANT

Name of applicant (in full): ……..

Year of Graduation if a Pharmacist: …….

Married: Yes / No

Number of Children: …… Tel. No: ……

Permanent Sources of Income: ……

…….....

Number of Dependants: ……...

Mode of Payment of Credit Union Savings and Loans: …….....

Bankers: ……...

Signatories to Cheques: …….

……...

Who introduced you to the Credit Union? …….

……...

Why do you want to be a member of the Credit Union? ……

……...

Do you belong to any other Credit Union? ……...

……...

……...