



MEMBERSHIP APPLICATION FORM

PASSPORT
PHOTO

MALAWI POLICE SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

EMPLOYMENT NUMBER :	SERVICE NUMBER	
	NATIONAL ID NUMBER	

PERSONAL INFORMATION

NAME		MARITAL STATUS <i>(Tick where appropriate)</i>			
MIDDLE NAME		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOW/ER <input type="checkbox"/>
SURNAME		SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>			
		DATE OF BIRTH:			

CONTACT INFORMATION

DAY		MONTH	YEAR
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POSTAL ADDRESS

EMPLOYERS ADDRESS

VILLAGE HEADMAN			
T/A			
DISTRICT			
PHONE NUMBER(S)			
EMAIL ADDRESS:			

BANK DETAILS

DEDUCTIONS

BANK NAME :		SHARES	MK
BANK BRANCH :		ORDINARY SAVINGS	MK
ACCOUNT NUMBER		SPECIAL SAVER	MK
		Christmas/educational	

NOMINEES

Any other Instruction:

NAME	BIRTH DATE			RELATIONSHIP	PERCENTAGE
	DAY	MONTH	YR		

APPLICATION APPROVED OR REJECTED
DATE OF APPROVAL OR REJECTION
BOOKED IN PSM
ENTERED BY

DECLARATION OF APPLICANT

DECLARATION: I hereby apply as a member of **MALAWI POLICE SACCO**. If admitted, I undertake to accept and abide by the code of conduct/Covenant/Rules & Bye-laws of the Cooperative and shall Endeavour to advance the course of the Organization. I certify that the information given on this form is true and correct and enclose payment for my membership application.

APPLICANTS

SIGNATURE.....DATE.....