



MALAWI POLICE SACCO

MALAWI POLICE SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

National Police Headquarters, Private Bag 305 Capital City Lilongwe. Cell: 0992308090, 09937388858, www.malawipolicesacco.com

TSOGOLO SAVINGS REGISTRATION

Please fill out the form

MR/MS/MISS	FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)	MOBILE PHONE	HOME PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL:	EMPLOYMENT NO.	
<input type="text"/>	<input type="text"/>	
ADDRESS:	SERVICE NO.	
<input type="text"/>	<input type="text"/>	
	DISTRICT	
<input type="text"/>	<input type="text"/>	
VILLAGE HEADMAN:	T/A:	
<input type="text"/>	<input type="text"/>	

Choose monthly contribution amount (minimum of MWK15,000.00)

Part A (75%)	Part B (25%)
MWK: <input type="text"/>	MWK: <input type="text"/>

TENURE: (Tick No. of Years) 1 2 3 4 5 6 7 8 9 10

Please fill out next of kin details

FULL NAME	RELATIONSHIP
<input type="text"/>	<input type="text"/>
ADDRESS:	MOBILE PHONE
<input type="text"/>	<input type="text"/>
	EMAIL ADDRESS
	<input type="text"/>

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.

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