

MEMBERSHIP APPLICATION FORM

Attach passport photo here

Please complete this form in capital letters. All fields marked with an asterisk (*) are mandatory. I hereby make an application for membership and agree to conform to the Society's by-laws and any amendments thereof. I understand that a monthly administration fee of K1,000 and a one-time entry fee of K4,000 shall apply

APPLICANTS DETAILS (as per National ID)

FIRST NAME*	MIDDLE NAME*	LAST NAME*
<input type="text"/>	<input type="text"/>	<input type="text"/>
NATIONAL ID NUMBER*	PHONE NUMBER*	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
GENDER*: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (DD/MM/YY)*: <input type="text"/>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced
POSTAL ADDRESS*: <input type="text"/>	VILLAGE HEADMAN <input type="text"/>	
TRADITIONAL AUTHORITY: <input type="text"/>	HOME DISTRICT <input type="text"/>	

EMPLOYMENT DETAILS

EMPLOYER <input type="text"/>	EMPLOYMENT NUMBER*: <input type="text"/>
EMPLOYER'S ADDRESS <input type="text"/>	

MODE OF REMITTANCE

Payroll
 Standing Order
 Bank Transfer
 CASH

DEDUCTIONS

Product	Amount
Redeemable Shares <i>(Mandatory)</i>	
Ordinary Savings <i>(Mandatory)</i>	
Festive Savings	
Educational Savings	
Tsogolo Savings	
TOTAL	

BANK DETAILS

BANK NAME: <input type="text"/>	ACCOUNT NUMBER: <input type="text"/>
BRANCH NAME: <input type="text"/>	<input type="text"/>

REGISTRATION OF PRODUCT/SERVICES (tick where applicable)

Internet banking
 Mobile Number:

HOW DID YOU GET TO KNOW ABOUT US?

REFERRAL

NAME:

Phone NO:

WEBSITE:

EMAIL:

SOCIAL MEDIA:

BENEFICIARIES DETAILS

Beneficiaries*

Full Names	Mobile No.	Relationship	Date of Birth	Percentage Assigned

MTHANDIZI FUNERAL COVER NOMINEES (Spouse and/or Children)

Attach a copy of your registered spouse's ID and copies of birth certificates for up to four (4) children under the age of 18. Only one registered spouse may be nominated.

Full Names	Mobile No.	Relationship	Date of Birth	Percentage Assigned

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.

Date:

Signature:

FOR OFFICIAL USE ONLY

Membership No#: _____

- Customer Information Checklist
- Valid Identification documents obtained & authenticated
- Customer contact information available
- Mandated signatures obtained

Account Captured by (Name): _____ Signature: _____

Account Approved by (Name): _____ Signature: _____