LIFTER COOPERATIVE MULTIPURPOSE SOCIETY LIMITED

Membership application form

Affix passport photograph

Section A: Personal details

SURNAME

MIDDLE NAME

FIRST NAME

DATE OF BIRTH

dd/mm/yyyy

BRANCH YOU WILL USE

SEX

- ◯ Male
- ◯ Female

MARITAL STATUS

- ◯ Married
- ◯ Single
- ◯ Others

OCCUPATION OR BUSINESS

PLACE OF WORK OR BUSINESS

VALID ID (TYPE, FOR EXAMPLE NIN OR DRIVER'S LICENCE)

ID NUMBER

HOME ADDRESS

OFFICE OR BUSINESS ADDRESS

MOBILE PHONE

e.g. 0803 000 0000

EMAIL

Next of kin

NAME

RELATIONSHIP

ADDRESS

TELEPHONE AND EMAIL

Contributions

How much you will put in each month.

EQUITY CONTRIBUTION

₦ 0

TOTAL MONTHLY CONTRIBUTION

₦ 0

INVESTMENT ACCOUNT

₦ 0

SAVINGS ACCOUNT

₦ 0

TARGET ACCOUNT

₦ 0

Bank details

The account your payments and withdrawals use.

ACCOUNT NAME

BANK NAME

ACCOUNT NUMBER

BRANCH

Section B: Authority to deduct from salary

Only if you are a salaried member and your employer agrees to deduct for you. Otherwise leave this blank.

Please deduct from my monthly salary the sum of ₦ _____ to be credited to my account with Lifter Cooperative Multipurpose Society Limited, with effect from _____

Section C: Declaration

I hereby apply for enrolment as a member of the above-named Society and promise to abide by the rules and regulations contained in the bye-laws, as amended from time to time, and any other provisions as the case may be.

DATE

dd/mm/yyyy

Signature of Applicant

For the Society's official use only

The officer completes this part.

RECOMMENDATION

SIGNATURE

DECISION

◯ Approved ◯ Not approved

MEMBERSHIP NO.

DATE REGISTERED

dd/mm/yyyy

Complete this form and return it to the Secretary at your branch, or send it to info@liftercentre.org.