

## COCOA RESEARCH CO-OPERATIVE CREDIT UNION LIMITED

PASSPORT
PHOTOGRAPH

(APPLICANT 1)

(Office Use)		PASSPORT PHOTOGRAPH	PASSPORT			
Account No.:(OfficeUse)		PHOTOGRAPH	PHOTOGRAPH			
		(APPLICANT 2)	(APPLICANT 3)			
JOINT MEMBERSHIP APPLICAT	ION FORM					
APPLICANT 1						
Title:Prof,Dr,Rev ,Mr,Mrs,Miss,(Underline as aprropriate)	Surname:					
First Name:Other Names:						
Place Of Birth: Gender: Phone No:	Marital S	Status:				
Spouse Name: Phone No: Phone No:						
Email Addresss:Residential	Address:	GPS:				
Location: Landmark:						
Empoyer/BusinessName:	StaffNo:	Divisio	on:			
WorkAdress/Location:						
Name of Next Of Kin:Relation	oship:	Contact n	o:			
	Jan. 1					
APPLICANT 2						
Title:Prof, Dr, Rev , Mr, Mrs, Miss, (Underline as aprropriate)	Surname:					
Title:Prof,Dr,Rev ,Mr,Mrs,Miss,(Underline as aprropriate) First Name:Other Names:		Date of Birth:	//			
Place Of Birth: Gender: Phone No:	Marital S	Status:				
Spouse Name: Phone No:	Na	ationality:				
Email Addresss: Residential	Address:	GPS:				
Location:Landmark:						
Empoyer/BusinessName:	StaffNo:	Di <mark>vi</mark> sio	on:			
WorkAdress/Location:	1: 1: 1					
Name of Next Of Kin:	oship:	Contact n	0:			
APPLICANT 3						
Title:Prof,Dr,Rev ,Mr,Mrs,Miss,(Underline as aprropriate)	Surname:					
First Name: Other Names:		Date of Birth:	/ /			
Place Of Birth: Gender: Phone No:						
Spouse Name: Phone No:	N	ationality:	••••••			
Email Addresss: Residential	Address:	GPS.				
Location: Landmark: Landmark: Location: Landmark: Landma						
Empoyer/BusinessName:						
WorkAdress/Location:	Starrivo	Divisio	/11			
Name of Next Of Kin: Relation	oshin:	Contact n	o.			
Tunic of front of Rin	osinp	Contact ii	3			
<b>Relationship</b> : Spouses □ Siblings □ Family □ Friends □	Others (plea	se specify)	······			
		AND DESCRIPTION OF				
We hereby apply for joint account in the above-named Union and agree to be bonded by the Bye- Laws or Regulations governing the						
operations of the union. We understand that for this Union to be successful and for us to become active members' (Accountholder), we						
must pay an entrance fee of GHS20.00, subscribe to the minimum share of GHS500.00 and make regular savings of not less than						
GHS100.00 monthly. We may qualify for loan for good purposes after saving continuously for not less than six (6) months, make regular						

Means of Contribution: Source Deduction, Mobile Money, Cash, Cheque, Standing Order (Underline as aprropriate)

## Required:

a) At least two (2) months old Utility bill (water bill/Electricity bill) should be provided.

loan repayment when granted and attend Annual /Special General Meetings.

b) A National ID Card (Voters ID, Ecowas Identity Card (Ghana Card), Passport, Driver's License, etc.) of the applicants.

We promise to save at least **GHS**...... every month with effect from.....

## IN CASE OF EMERGENCY

Details	Contact Person	Postal Address	House No & Place	Mobile No.		
APPLICANT						
1						
APPLICANT						
2						
APPLICANT						
3		0				
<ol> <li>We the u</li> <li>We confi</li> <li>We confi</li> <li>We shall</li> </ol>	irm that all the information irm that all documents pro- be jointly and severally lia	west to open a joint membership in provided in connection with the vided in connection with this apable for any loan facility which by liable for all obligations in connections.	nis application is true and opplication are genuine. shall be granted to us.	complete.		
SIGNING AUT  Either One t		Either two to Sign	All Account Holde	ers to Sign		
Others (Please S	pecify) :					
APPLI Signature:			Signature:APPLIC			
	By (Existing Member)	(A	cc.No	) having satisfied with		
good conduct of		and by the power vested in me/u				
Signature:			Oate:			
Officer in Charge	::	Approved By:				
Name:	Sigr	nature: Date:	EAF			

CO-OPERATIVE CREDIT UNION LTD.