**PCL GROUP SACCO**

# INDIVIDUAL MEMBERSHIP APPLICATION FORM

I here by make my application for Membership of **PCL GROUP SACCO LIMITED** and agree to abide by the By-Law and / or any amendments thereof in the **PCL GROUP SACCO Limited.**

My particulars are:

**PERSONAL DETAILS**

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**EMPLOYMENT NUMBER SHARES CONTRIBUTIONS DEPOSITS**

Title Surname: First First name: Other:

M= Married

D= Divorced

S= Single

W= Widow

WR= Widower

M = Male

F= Female

Date of Birth: Gender: Marital

Nationality: Status

National ID Number:

Income Source : Occupation:

Qualification: Number of Dependents:

Home Address: Vg T/A: T/A District: District:

Current Residential Address:

Residence Type (Rented/Owned): Cellphone:

Telephone:

Email Address :

Name of Employer: Address of

Employer

Telephone of Employment date:

Employer:

**Nominee: ………………………………………………… ………. CONTACT………………………………………………………………………………**

**BENEFICIARIES Relationship Address/Contact Percentage**

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(3)

**Declaration**: I………………………………………………………… declare that the above information is accurate and true to the best of my knowledge. I understand that I may be prosecuted by **PCL GROUP SACCO** Limited for willfully supplying inaccurate Information.

**Signature of applicant:** ………………………… **Thumb print:** ………………………………  **Date:** ……………………………

**Referees**

**Name:** ……………………………………………………... **Occupation:** ……………………………... **Address:** …………….…………………………….

**Phone Number:** ……………………………………….

**For official use only**:

**PCL GROUP SACCO** Limited has cross checked the applicant’s dealings with other financial cooperatives and banking institutions and our comments are included below:

Entrance fee paid on: ……...………………….……… Amount: MK……………………………….…. Receipt Number: …………...………….

Completed By: …………………………………………………………. Date: ……………………...………

Date of admission to Membership: ……………………………………………………………………...…….

Member identification number: ………………………………………………………….….………...………

Approved/Disapproved by: ………….………………… …………………………………

**General Manager** **Signature** **Date…………………………….**

**Director** ……………………………… Signature……………………. Date……………...