BONYERE TEACHERS` CO-OPERATIVE CREDIT UNION LTD

CONTACT: 0555437494

APPLICATION FOR MEMBERSHIP (GROUP)

RECENT PASSPORT PICTURE

NAME OF APPLICANT:.....ACCOUNT NO:.....

DATE OF BIRTH:..... SEX:.....

POSTAL ADDRESS:.....PHONE NO.....

RESIDENTIAL ADDRESS:.....

OCCUPATION:..... WORKPLACE:.....

MARITAL STATUS:..... HOMETOWN:.....

I hereby apply for membership in the above-mentioned Credit Union and agree to be bound by the bye-laws of the Union I understandhat to have a successful society, I, must make regular saving, and repay my loans promptly.

I promise to start savings of GH₵:.....Shares of GH₵:.....

I enclose herewith, my entrance fee of GH₵:.....

Signature/Thumbprint:..... Date:.....

SIGNATORIES

In caseof withdrawal/loan, We/I desire to nominate the following persons to undertake it.

NAME:.....POSITION:.....SIGNATURE.....

ADDRESS:.....

NAME:.....POSITION:.....SIGNATURE.....

ADDRESS:.....

NAME:.....POSITION:.....SIGNATURE.....

ADDRESS:.....

WITNESSED BY:..... DATE:.....

APPROVED BY:.....DATE:.....

(Chairman)