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**MEMBERSHIP APPLICATION FORM**

**UMODZI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD**

**P.O BOX 709**

**LILONGWE**

**TEL: 0998541414, 0998447793, 0989797670, 0995573534**

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| --- | --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION | Title: |  | | Sex: |  | |
| First Name |  | | | | | |
| Surname |  | | | | | |
| Date of Birth (DD/MM/YYYY) |  | | | | | |
| Physical Address |  | | | | | |
|  | | | | | |
| Home District: | |  | Chief (T/A): | |  |
| Contact Details | Home: |  | | Work: |  | |
| Mobile(s): |  | | Email: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMPLOYMENT INFORMATION | Occupation (Job Title): | |  | | |
| Employer’s Name |  | | | | |
| Book Number |  | | | | |
| Employment Number |  | | | | |
| Employer’s Postal Address |  | | | | |
|  | | | | |
| Postcode: |  | | | |
| Employer’s Details | ID NO: |  | | Fax: |  |

|  |  |
| --- | --- |
| OTHER INFORMATION | |
| Monthly Contribution | Shares: Savings: |
| Husband’s/Wife’s Name & Chiwongo |  |
| Highest Level of Education |  |
| Next of Kin: | Contact: |

**I hereby make Application for Membership and agree to conform to the Bye - Laws and any Amendments Thereof.**

Signature of Director

Date of Admission

Signature of Applicant

Signature of Applicant