



MEMBERSHIP APPLICATION FORM

UMODZI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD
POST OFFICE BOX 709,
AREA 3,
LILONGWE.

Accomplish your financial dreams!!!!

CHECK LIST

- | | |
|---------------|--------------------------|
| NATIONAL ID | <input type="checkbox"/> |
| CIVIL SERVANT | <input type="checkbox"/> |
| PRIVATE INST. | <input type="checkbox"/> |
| COMPLETE FORM | <input type="checkbox"/> |

PART. A: MEMBERSHIP

BRANCH.....

I. PERSONAL INFORMATION

Gender: Male Female

Title: Mr Mrs Miss Dr.

First Name..... Sur Name.....

Phone Number..... Date of Birth.....

Physical Address:

Home of Origin: District..... Village T/A

Martial Status: Married Single Widowed Divorced

Identification: (Valid ID) ID Type: ID Number:

II. EMPLOYMENT INFORMATION

Employer's Name:

Employer's Address:

Employment Number:

Book Number:

Occupation:

III. MONTHLY CONTRIBUTIONS

NOTE: Minimum contribution is **K14,000.00**

Shares: **K8,000.00** Savings: **K3,500.00** Funeral Cover: **K2,000.00** Monthly Service Fee: **K500.00**

Shares.....

Savings.....

IV. NOMINATED NEXT OF KINS

First Name..... Sur Name.....

Phone Number..... Date of Birth.....

Gender: Male Female Relationship.....

Identification: (Valid ID) ID Type: ID Number:

Physical Address:

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

Signature of Applicant

Date of Admission

Signature of Director

PART. B: MOBILE BANKING REGISTRATION

Request Type: New Amend PIN Reset Close

NOTE: PLEASE FILL THE FORM IN BLOCK LETTERS AND COMPLETE ALL SECTIONS

SECTION A: MEMBER DETAILS

Gender: Male Female

Title: Mr Mrs Miss Dr.

First Name: _____ Surname: _____

ID Type: _____ Phone No: _____ Cell _____

ID No: _____ SACCO Number _____ Email _____

Employment Number _____

Physical Location: _____

Address: _____

SECTION B: LINKED MOBILE NUMBER

Please tick in the boxes provided and fill in the mobile number

Add

SMS Notification

Mobile Number: _____

Yes	No
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SECTION C: SERVICES APPLIED ACCOUNTS

I would like to access the following services (***please tick preferred service below***)

Balance enquiry all savings products

Balance enquiry all loan products

Balance enquiry other products (*specify*) _____

Funds transfer

Summary of terms of use for service

1. Funds can be transferred from demand deposits only
2. Use of the service has the following charges:
 - (a) Balance enquiry: MWK50.00 per session
 - (b) Mini Statement: MWK150.00 per session
 - (c) Internal funds Transfer: MWK100.00 per transaction.
3. The Institution will not be held liable for transfer to wrong accounts
4. The institution will not be held liable for un authorised access to your account out of your negligence

SECTION E: DECLARATION

I acknowledge that I have read and understood the above terms of use for the product and by executing this document; I express my consent and willingness to abide by those conditions.

Signature _____

Date _____

OFFICE USE ONLY

Received by: _____

Date _____

Approved by: _____

Date _____

Processed by: _____

Date _____

PART. C: FUNERAL COVER

Protect your loved one with peace of mind. In partnership with CIC Insurance Company, Umodzi Sacco offers a comprehensive funeral cover to its valued members

Benefits:

- i. Main member : MK 700,000.00
- ii. Spouse: MK 600,000.00
- iii. Children (up to 4): MK 500,000.00 each
- iv. Parents (of the insured member): MK 400,000.00 each

Coverage Details:

- i. Monthly contribution: MK 2,000.00
- ii. Covers: Member, spouse, up to 4 children and 2 biological parents

SECURE YOUR FUTURE WITH INSURED LOANS

Umodzi SACCO, in partnership with CIC insurance Company, offers peace of mind to our members with long-term loan insurance.

Benefits:

- i. All long-term Umodzi SACCO loans are insured, providing financial protection for you and loved ones

FUNERAL COVER FORM

Primary beneficiary		Dependent beneficiary	
Full name		Full name	
Date of Birth		Date of Birth	
National ID		National ID	
Relationship		Relationship	
Contact		Contact	

No.	Full Name	Date of Birth	Relationship	National ID	Contact

NOTE: Note: In the event of a natural death, there is a waiting period of six (3) months from the date of application

Date : _____ Member's Signature: _____

Date : _____ Director's Signature: _____

OFFICE USE ONLY

Processed by: _____ Date _____

Approved by: _____ Date _____