THT Staff (Somolu) Cooperative Multipurpose Society Limited

THTSSCMS

MEMBERSHIP REGISTRATION FORM

Please complete the application below to become a member of THT Staff (Somolu) Cooperative Multipurpose Society Limited.

AFFIX PASSPORT PHOTO HERE

SECTION A – PERSONAL DATA

Staff No. _____

Last Name: _____ First Name: _____

Other Name: _____ Sex: _____ Date of Birth: _____/_____/_____

Marital Status: _____ Date Employed: _____/_____/_____

Department: _____ Current Position: _____

Location: _____ Proposed Monthly Savings: ₦_____:_____

Bank Salary Account Details: Bank Name _____Account Number_____

Email_____ Mobile No: _____ CUG No: _____

Residential Address: _____

_____

Next of Kin (1): Name _____ Mobile No _____

Address _____

Relationship _____

Next of Kin (2): Name _____ Mobile No _____

Address _____

Relationship _____

Applicant's Signature _____ Date _____/_____/_____

SECTION B – OFFICIAL USE ONLY

Registration Form properly filled: Yes ☐ No ☐ Entrance Fee paid: Yes ☐ No ☐

Admitted: Yes ☐ No ☐ Membership No (Assigned): _____

Effective Date_____/_____/_____ Action by: _____

Comment: _____

_____

Approval Signature _____ Date _____/_____/_____