



GROWING TRUST

MULTIPURPOSE COOPERATIVE SOCIETY LIMITED, UYO

MEMBERSHIP REGISTRATION FORM

FEE: ₦2000.00



PERSONAL INFORMATION

Surname:

Other Names:

Marital Status: Gender:

Home Address:

Phone Number: Email:

Employer:

Department/Unit:

Staff ID No: Year of Retirement:

Bank: Account No: BVN:

Monthly Contribution:

Units of Shares:

NEXT OF KIN

Name:

Relationship:

Address:

Phone Number:

ATTESTATION

I hereby testify that the information provided above are correct.

Signature: **Date:**

MANDATE FORM

I, being a member of Growing Trust Multipurpose Cooperative Society Limited, Uyo, hereby authorize the Cooperative to deduct by direct debit from my salary at source, the sum of, monthly, as my thrift savings for as long as I remain a member of the Cooperative Society.

Employer:

Department/Unit: **Staff ID No:**

Bank Name:

Account Name:

Account Number: **BVN:**

Phone Number: **Email:**

Signature: **Date:**

Please Attach Copies of the following:

- | | |
|---------------------------------|--------------------------|
| 1. Letter of First Appointment | <input type="checkbox"/> |
| 2. Letter of Last Promotion | <input type="checkbox"/> |
| 3. Audit/Retirement Certificate | <input type="checkbox"/> |
| 4. Valid National ID | <input type="checkbox"/> |
| 5. Staff ID | <input type="checkbox"/> |
| 6. Passport of Next-of-Kin | <input type="checkbox"/> |
| 7. Current Payslip | <input type="checkbox"/> |

OFFICE USE

Approved

Not Approved