

**POLICE HOSPITAL CO-OPERATIVE CREDIT UNION
ACCRA
APPLICATION FOR MEMBERSHIP**

NAME OF APPLICANT SEX:

ARE YOU A CHILD / SPOUSE? PARENTS ACCT NO?

ADDRESS: TELEPHONE:

RESIDENCE: DIGITAL ADDRESS:

LANDMARK:

OCCUPATION: RANK:

WORK PLACE: DEPARTMENT:

HOME TOWN: HOME:

I hereby apply for membership to the above named Credit Union and agree to be bound by the Bye Laws of the Society. I understand that to have a successful society, members must make regular savings, receive loans for good purposes only and make regular repayment of all loans taken.

I have decided to state regular monthly savings of GH¢..... (AMOUNT IN WORDS).....

I want my payroll contribution to start from..... 20.....

And a minimum shares balance of GH¢ 200.00 (**Two hundred Ghana cedis**) Enclosed herewith my **entrance fee of GH¢15.00** (Fifteen Ghana Cedis)

DATE OF BIRTH: / / SIGNATURE:
DAY/ MONTH / YEAR /

PAYROLL NUMBER: DATE OF REGISTRATION:

E-MAIL: ARE YOU MARRIED? YES NO

CONTACT PERSON: CONTACT PERSON'S TEL:

NOMINEE

IN case of my death I desire that the entire savings standing to my credit be paid to the under-mentioned person(s):

1. NAME: RELATIONSHIP:

ADDRESS OF THE NOMINEE: TELEPHONE OF THE NOMINEE:

BANK DETAILS

NAME OF BANK: BANK BRANCH:

BANK ACCOUNT NUMBER:

BANK ACCOUNT NAME :(ACCT HOLDER)

TO BE RETURNED TO:
THE MANAGER
POLICE HOSPITAL CO-OPERATIVE CREDIT UNION POLICE HOSPITAL
ACCRA

PLEASE ATTACHED PHOTOCOIES OF YOUR PAYSLIP AND GHANA CARD

KINDLY CONTACT ANY OF DIE FOIL OWING NUMBERS FOR ANY HELP; 0548856505 / 0270664040/ 0200610999/ 0247772100

PHCCUI HAPPY FAMILY