

GROUP

(CONFIDENTIAL DOCUMENT)

KOMFO ANOKYE TEACHING HOSPITAL CO-OPERATIVE CREDIT UNION LTD

MEMBERSHIP NO:.....

APPLICATION FOR MEMBERSHIP

NAME OF GROUP:.....

DATE OF BIRTH:

DEPARTMENT/UNIT:.....

TELEPHONE NO:.....

EMAIL.....

We hereby apply for membership of the Komfo Anokye Teaching Hospital Co-operative Credit Union Ltd Kumasi and agree to be bound by its by-laws. I understand that, to have a successful society, members must take regular savings, repay promptly loans taken as well as attend meetings regularly.

CHAIRMAN:.....

SIGN.....

TEL:.....

DATE.....

SECRETARY:.....

SIGN.....

TEL:.....

DATE.....

TREASURER:.....

SIGN.....

TEL:.....

DATE.....

REGISTRATION DATE:.....

FOR OFFICIAL USE

APPROVAL BY BOARD OF DIRECTORS

CHAIRMAN'S SIGNATURE:.....

SECRETARY'S SIGNATURE:.....



KOMFO ANOKYE TEACHING HOSPITAL CO-OP. CREDIT UNION LIMITED CHEQUE CLEARING MANDATE FORM

ACCOUNT NAME:.....

ACCOUNT NUMBER:.....

MANDATE

- | | | | | |
|------------------------------------------|--------------------------|-----|--------------------------|----|
| 1. CALL TO CONFIRM BEFORE HONOUR PAYMENT | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. ANY TWO CAN SIGN | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. PRINCIPAL SIGNATORY PLUS ANY ONE | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. ALL SHOULD SIGN | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

1. NAME:.....

SIGNATURE
(PRINCIPAL)

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2. NAME:.....

SIGNATURE

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3. NAME:.....

SIGNATURE

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DATE:.....

NOTE: CHEQUES CANNOT BE HONOURED ON WEEKENDS AND HOLIDAYS