## **SPOUSE**

#### (CONFIDENTIAL DOCUMENT)

#### KOMFO ANOKYE TEACHING HOSPITAL CO-OPERATIVE CREDIT UNION LTD

	MEMBERSHIP N	O:	
APPLICATION FOR MEMB	ERSHIP		
STAFF NUMBER:			
NAME OF APPLICANT:			
TELEPHONE NO:			
DATE OF BIRTH:			
MARITAL STATUS:			
CONTACT PERSON:			
ADDRESS:			
•	IDENCE :		
C/O NAME OF STAFF:		A/C NO:	
STAFF NUMBER:			
Kumasi and agree to be bound b must take regular savings, repay Nominee: In case of my death, I desire that	of the Komfo Anokye Teaching Hospi by its by-laws. I understand that, to he promptly loans taken as well as atte t the entire savings standing to my co	ave a successful society, end meetings regularly.	memb
mentioned person(s)	TEL NO /ADDRESS	DEL A TIONSLIID	0/
NAME	TEL NO./ADDRESS	RELATIONSHIP	%
<del></del>			

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#### **EMPLOYER INFORMATION**

EMPLOYER NAME					
EMPLOYER ADDRESS					
EMPLOYER CONTACT					
<b>DIRECTION TO WORK</b>	PLACE				
PREFERRED BANK DETA	AILS				
ACCOUNT NUMBER					
ACCOUNT NAME					
BANK NAME					
BRANCH					
ADDRESS:SIGNATURE OF APPLICA	ANT	SIGN  DATE  DATE			
FOR OFFICIAL USE  APPROVAL BY BOARD	OF DIRECTORS				
CHAIRMAN'S SIGNATURE:					

SECRETERY'S SIGNATURE:....

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# **CHEQUE CLEARING MANDATE FORM**

ACCOUNT NAM	E:		
ACCOUNT NUM	IBER:		
<u>MANDATE</u>			
CALL TO	CONFIRM BEFORE HONOUR PA	AYMENT YES	NO
NAME:			
SIGNATURE BOXES			
DATE:			

NOTE: CHEQUES CANNOT BE HONOURED ON WEEKENDS AND HOLIDAYS