(CONFIDENTIAL DOCUMENT)

KOMFO ANOKYE TEACHING HOSPITAL CO-OPERATIVE CREDIT UNION LTD

	MEMBERSHIP NO:		
APPLICATION FOR N	1EMBERSHIP		
STAFF NUMBER:			
NAME OF APPLICANT:			
TELEPHONE NO:			
DATE OF BIRTH:			
DEPARTMENT/UNIT:			
MARITAL STATUS:			
CONTACT PERSON:			
ADDRESS:			
·	TO RESIDENCE :		
RANK:			
Kumasi and agree to be b	ership of the Komfo Anokye Teaching ound by its by-laws. I understand th , repay promptly loans taken as wel	at, to have a successful society,	
In case of my death, I des mentioned person(s)	ire that the entire savings standing t	to my credit to be paid to the ur	nder
NAME	TEL NO./ADDRESS	RELATIONSHIP	%

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EMPLOYER INFORMATION

EMPLOYER NAME				
EMPLOYER ADDRESS				
EMPLOYER CONTACT				
DIRECTION TO WORK	PLACE			
PREFERRED BANK DETA	AILS			
ACCOUNT NUMBER				
ACCOUNT NAME				
BANK NAME				
BRANCH				
ADDRESS:		SIGN DATE		
SIGNATURE OF APPLICANT DATE				
REGISTRATION DATE:				
FOR OFFICIAL USE				
APPROVAL BY BOARD (OF DIRECTORS			
CHAIRMAN'S SIGNATU	RE:			

SECRETERY'S SIGNATURE:....

(CONFIDENTIAL DOCUMENT)

CHEQUE CLEARING MANDATE FORM

ACCOUNT NAME:			
ACCOUNT NUMBE	R:		
<u>MANDATE</u>			
CALL TO CO	NFIRM BEFORE HONOUR PAYI	MENT YES	NO
NAME:			
SIGNATURE			
BOXES			
DATE:			

NOTE: CHEQUES CANNOT BE HONOURED ON WEEKENDS AND HOLIDAYS