

# YOUTH SAVINGS

## (CONFIDENTIAL DOCUMENT)

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

**APPLICATION FOR MEMBERSHIP**      **MEMBERSHIP NO:**.....

**NAME OF APPLICANT:**.....**FOR**.....

**CHILD'S DATE OF BIRTH:** .....

**CONTACT NO:**.....

**HOME ADDRESS:** .....

**STAFF NUMBER OF PARENT:** .....

**EMAIL**.....

I hereby apply for membership of the Komfo Anokye Teaching Hospital Co-operative Credit Union Ltd Kumasi on behalf of my child 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.

**Nominee:**

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

NAME	TEL NO./ADDRESS	RELATIONSHIP	%

**WITNESS BY:**.....

**SIGN**.....

**ADDRESS:**.....

**DATE**.....

**SIGNATURE OF APPLICANT**.....

**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**

CALL TO CONFIRM BEFORE HONOUR PAYMENT  YES  NO

NAME:.....

SIGNATURE  
BOXES

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DATE:.....

**NOTE: CHEQUES CANNOT BE HONOURED ON WEEKENDS AND HOLIDAYS**