



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.

Beneficiaries to my account:

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:.....

NB: Kindly attach Ghana Card (Photocopy) and Passport-size picture

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