



**CATHOLIC ARCHDIOCESE OF KUMASI CO-OP. UNION
FOR DEVELOPMENT (CAKCSOD) KUMASI.**

AFIX
PICTURE

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Type of Account

Susu Savings account Abofrapa account Afehyiapa Account Others

Branch Date..... Account Number.....

Name of Applicant..... Gender.....

Date of Birth..... Place of Birth..... Marital Staus.....

Residential Address..... Hometown

Digital Address..... Postal Address.....

OccupationWorkplace

Telephone Number Email Address.....

ID Type..... ID Number.....

I hereby apply to be a member in the above-mentioned society and agree to be bound by the bye-laws of the society. I understand that to have successful society we must make regular savings, receive loans for good purposes and make regular loan repayments.

Signature / Thumbprint Date.....

NOMINEE

In case of my death, I desire that the entire savings go to the below named person(s).

1. Name Percent (%).....
Relationship Tel.....
Residential Address.....

2. Name Percent (%).....
Relationship Tel.....
Residential Address.....

Applicant signature / Thumbprint..... Date.....

Mobile Banker Signature.....