ST. PAUL - KPEHE CO-OPERATIVE CREDIT UNION

ANIGYE SIKA SUSU FORM

Pic

NAME OF APPLICANT……………………………………………………………………………………………………

FIRST NAME MIDDLE NAME SURNAME

SEX: MALE ☐ FEMALE ☐

DATE OF BIRTH………………………………………………………………….

TEL: ……………………………………………………………………………

NATIONALITY: ……………………………………………………………

NATIONAL ID No: ………………………………………………………… **DATE OF ISSUE**: ……………………………………………

PLACE OF ISSUE: ………………………………………………………… **ID EXPIRY DATE**: …………………………………………

RESIDENTIAL ADDRESS(GPS): ……………………………………………………………………………………………………

MARITAL STATUS SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐

LEVEL OF EDUCATION: ……………………………………………… **OCCUPATION**: ……………………………………………

EMPLOYER: SELF-EMPLOYED ☐ CIVIL SERVANT ☐ PRIVATE SECTOR ☐ UNEMPLOYED ☐ OTHER ☐

SMS ALERT: YES ☐ NO ☐

NOMINEE(S)

In case of death I authorize that all payments due me be paid to the under- mentioned person(s).

NAME……………………………………………………………………… **RELATIONSHIP**………………………… **SHARE**…………….%

Address………………………………………………………………………………………………**Tel**…………………………………………

…………………………………………………… ……………………………………………………

Signature/ Thumbprint of applicant **Date**

,,,

FOR OFFICIAL USE

Account No.: ……………………..

……………………………………………… ………………………………………… ………………………………

OFFICER – IN CHARGE **MANAGER** **DATE**