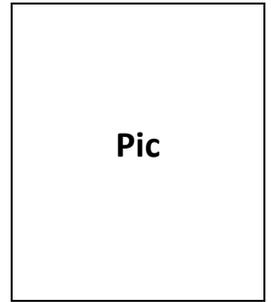




**ST. PAUL - KPEHE CO-OPERATIVE CREDIT UNION**

**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