TWO PASSPORTS

PHOTOS



**LIVING WINNERS MULTIPURPOSE**

 **COOPERATIVE SOCIETY LIMITED**

***No. 32, Living Winners Avenue, Off Panaf Drive, Sokale-Dutse, Bwari Area Council, FCT, Abuja.***

**

**Membership Form:**

* Mr./Mrs./Miss/Rev./Dr./Chief/Prof. Pastor/Mal./Hajia/Alhaji.
* First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marital Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Local Government Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Town/Village Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Occupation/Type of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Office/Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Preferred Saving Type: **Daily (----------); Weekly (----------); Monthly (----------).**
* I agree to make a minimum deposit of #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Daily/Weekly/Monthly.
* If my application is accepted, I agree to pay the Membership fee of N2, 000 and share capital of N100,000 of N1.00/share within the first 6 months (Optional).
* I agree to abide by the Bye-Laws of Living Winners Multi-Purpose Cooperative Society Ltd.

**Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next of Kin Contact Detail:**

* Surname---------------------------Other Names------------------------------------------------
* Relationship with the next of kin------------------------------------Gender-----------------
* Phone No.------------------------------------------------------/----------------------------------
* Email:------------------------------------------------------------Contact Address--------------------------------------------------------------------------------------------------------------------

**Referee:**

Full Names of Referee-------------------------------------------------------------------------------Phone No of Referee--------------------------------------/--------------------------------------

**Referee:**

Full Names of Referee-------------------------------------------------------------------------------------------------------------Phone No of Referee--------------------------------------/--------

***FOR OFFICIAL USE ONLY***

**THIS APPLICATION HAS BEEN APPROVED /REJECTED BY THE COMMITTEE:**

Date……………………………………… Signature………………………………………………

***PRESIDENT/SECRETARY OF LIVING WINNERS MULTI-PURPOSE COOPERATIVE SOCIETY LTD***