

FUTURE SACCO LIMITED

P.O.Box 30548, Chichiri, Blantyre 3

Telephone: 01 824 539 Fax 01831314 email: info@futuresacco.com

Website: www.futuresacco.com

Membership Application Form

A. BASIC Personal Information

Identity type: Driving license. Passport. Voter card Other.....

Identity Number: Issued date:/...../..... (dd/mm/yyyy)

Surname.....

First name(s):

Title: Mr. Mrs. Miss Dr. Prof. Rev. Other.....

Marital status: Married Single Widowed Divorced

Gender: Male Female

Date of birth:...../...../..... (dd/mm/yyyy) Nationality.....

Highest-Qualification:.....

B. Contact Details

Postal Address :.....

Telephone Number:..... CellNo.....

Email Address:.....FaxNo:.....

Village:.....T/A.....

District.....

C. Occupation 1.0

Name of Employer.....

Employment No:..... Designations.....

No of years with Employer.....Net Monthly income **MWK**.....

Employers Address:

Employers Telephone: :..... FaxNO:.....

Email Address:.....

Occupation 1.1

Self Employed Not Employed Student

Type of business/Source of income:

No of years self-employed:.....

Income(Monthly/ Annually): **MWK**.....

D. Monthly SACCO contribution

Shares (MWK)
 Deposits (MWK).....

Membership fee payment

- Upon submission of form
- To be paid upon payment of first SACCO contributions

E. Beneficiary Details

Name	Date of Birth	Relationship	Allocation (%)

I, _____ declare that the information I have given is true and I will be liable for any information or part thereof, which is false. I understand that in the event of the discovery that the given information is false, the SACCO will be justified to close the account and report the same to relevant authorities without notice whatsoever. I also agree to conform to Bye-Laws of the SACCO & any amendments thereof.

Signature of Applicant :.....Date.....
 Witness Name :..... Signature.....
 Employers Name :.....
 Employers Signature &
 Stamp.....

 For Office use only

Account Number :..... Entrance fees applicable.....
 Directors/Managers signature :.....Date of admission.....