Private Bag 13338 | Windhoek

NAMSACCO
NAMIBIA PUBLIC SERVICE SAVINGS & CREDIT CO-OPERATIVE

MEMBERSHIP APPLICATION FORM

Please complete in full in BLOCK Letters. This form is complete when attached: Copy of ID and Pay slip. I hereby make an application for membership and agree to conform to the cooperatives By-Laws and any amendment thereof.

PERSONAL PARTICULARS (As per ID or Passport)

FIRST NAME **MIDDLE NAME** **SURNAME**

GENDER M F

ID/PASSPORT NUMBER

DATE OF BIRTH D D M M Y Y Y Y

POSTAL ADDRESSS

PHYSICAL ADDRESS

EMAIL ADDRESS

TELEPHONE (PREFERABLY MOBILE NUMBER)

EMPLOYER & PARTICULARS OF OCCUPATION

COMPANY NAME

OCCUPATION

EMPLOYEE CODE

WHO INTRODUCED YOU TO NAMSACCO

MEMBER NAME	MEMBER NUMBER	CHAMPION	FACEBOOK	TWITTER	OTHER

I the undersigned, upon my demise whilst a member of cooperative, hereby instruct the cooperative to pay all amounts due to me less any debts to the cooperative, to the person(s) named in this section. The name(s) of nominee(s) can be given in sealed letter. I understand that I may alter the name of nominated next of kin by filling in a subsequent nominated next of kin form.

NO.	NOMINATED NEXT OF KIN/S	RELATIONSHIP	ID NO. if Minor indicate C/o	DATE OF BIRTH (D.O.B)	PHONE NUMBER	PERCENTAGE (%) ASSIGNED
1.						
2.						
3.						
4.						
5.						

REMMITANCES

I hereby authorize you to deduct NAD _____monthly Deposits Contribution and NAD_____ Share capital contribution from my salary and/or any other mode of Remittance and pay NAMSACCO Ltd with effect from the month of _____ until further notice. Admission fee of NAD 100.00 and membership fee of NAD 50 will be deducted with the 1st deduction from payroll OR any other mode of remittance arrangement with the co-operative.

MODE OF PAYMENT YOU NEED TO BE CONSISTENT ON A MONTHLY BASIS	TICK APPROPRIATELY
PAYROLL DEDUCTION	

All payments to be made to Namibia Public Service Savings and Credit Co-operative (NAMSACCO) Ltd; FNB Business; 62266236150 Call Account (**Share capital, Admission & Membership**)

SIGNATURE OF APPLICANT (Within the Box)

FOR NAMSACCO USE ONLY

ENTRANCE FEE (100) PAID ON……RCEIPT NO…… DATE OF ADMISSION TO MEMBERSHIP…….. ACTIONED BY…… ……

CHECKED BY……MEMBERSHIP NO……DATE……..