FRCN COOPERATIVE MULTI-PURPOSE SOCIETY LIMITED

MEMBERS DATA CONFIGURATION FORM

1. NAMES IN FULL:_____ _____ _____
2. SEX:_____ 3. STAFF NO:_____
4. IPPIS NO:_____ 5. ZONE:_____
6. DEPARTMENT:_____ 7. GSM NO:_____
8. E-MAIL ADDRESS:_____
9. HOME/RESIDENTIAL ADDRESS:_____
10. NAME OF NEXT OF KIN:_____
11. ADDRESS OF NEXT OF KIN:_____
12. PENSION FUND ADMINISTRATOR:_____
13. LAST PAY SLIP (PHOTOCOPY):_____
14. BANK DETAIL, BANK NAME AND ACCOUNT NO: _____

_____

15. DECLARANT SIGNATURE:_____ DATE:_____

NOTE:

A. LAST PAY SLIP MUST BE ATTACHED
B. ENSURE YOU SUPPLY AUTHENTIC INFORMATION FOR YOUR OWN GOOD.

_____

OFFICIAL

COMMENT|REMARKS: _____

_____ _____

PRESIDENT FINANCIAL SECRETARY

FRCN MULTI-PURPOSE CO-OPERATIVE SOCIETY LTD

APPLICATION ENROLMENT FORM

NAME IN FULLI Mr/Mrs/Miss ..... STAFF NO ..... IPPIS .....

DIVISION : ..... ZONE : .....GSM NO .....

INTENDED MONTHLY SAVINGS :.....

MONTH OF COMMENCEMENT : ..... YEAR : .....

DO YOU BELONG TO ANY CO-OPERATIVE SOCIETY ? YES / NO : .....

STATE THE NAME OF THE SOCIETY : .....

HAVE YOU BEEN EXPELLED FROM ANY CO-OPERATIVE ? YES / NO .....

IF YES, FOR WHAT REASON (S) ? .....

.....

I PROMISE TO ABIDE BY THE RULES AND REGULATIONS OF THE FEDERAL RADIO CORPORATION OF NIGERIA, MULTIPURPOSE CO-OPERATIVE SOCIETY LIMITED.

DATE : ....

SIGNATURE OF APPLICATION

AMOUNT OF ENTRANCE FEE PAID # .....

THE APPLICATION IS WELL KNOWN AND RECOMMENDED BY ME.

NAME OF SPONSOR : MR / MRS / MISS .....

CO-OPERATIVE MEMBER

DATE : ....

SIGNATURE OF SPONSOR / IPPIS NO

FOR USE OF COMMITTEE ONLY

APPLICATION APPROVED / DISAPPROVED

DATE OF MEETING : .....

AMOUNT OF ENTRANCE FEE PAID # ..... RECEIPT NO : .....

MONTHLY DEDUCTION COMMENCES IN THE MONTH OF ..... YEAR .....

SIGNATURE & DATE : (PRESIDENT) .....