

**CONTROLLER AND ACCOUNTANT-GENERAL'S  
EMPLOYEES CO-OPERATIVE CREDIT UNION**

P.O. Box MB 619 Ministries – Accra  
Tel: 0302-6677484, 0576122026, 0547275880



**APPLICATION FOR MEMBERSHIP**

.....  
MEMBERSHIP NUMBER  
(OFFICIAL USE)

NAME OF APPLICANT:.....  
(SURNAME FIRST) (BLOCK LETTERS)

STAFF NUMBER.....

OFFICE ADDRESS:.....

RESIDENTIAL ADDRESS: .....

DATE OF BIRTH: .....

MINISTRY/DEPARTMENT/AGENCY.....

SEX.....MARITAL STATUS.....

TELEPHONE NUMBER(S).....

I hereby apply for membership in the above-named Credit Union and agree to abide by the Bye-Laws of the Union. I understand that to have a successful society we make regular savings, receive loan for good purposes, and make regular & timely loan repayments. I agree to save for 10 regular months to qualify for any financial benefit.

I promise to save at least GH₵100.00 every month. Please indicate here if you wish to contribute more than Gh₵100.00 ( )

**BENEFICIARY**

In case of death, I desire that my entire savings go to the below named person(s) in the stated percentage.

1. NAME:.....RELATION:.....

ADDRESS:.....PERCENTAGE.....

2. NAME:.....RELATION.....

ADDRESS:.....PERCENTAGE.....

DATE:.....

SIGNATURE.....

**Please attach the following documents:**

1. Copy of your payslip
2. Mandate form signed by you (please generate 2 different mandate forms with different mandate numbers)
3. Identification card (Driving licence, passport, voter's card, National ID card, NHIS card) any of them
4. One recent passport Size picture