FUTURE SACCO LIMITED
P.O.Box 30548, Chichiri, Blantyre 3
Telephone: 0885 905 044 Whatsapp 0995 998 292
email: info@futuresacco.com Website: www.futuresacco.com

Membership Application Form

A. BASIC Personal Information

Identity type: ☐ National ID. ☐ Passport. ☐ Driving License. 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

Redeemable Shares (minimum MK15,000) ……
Non-Redeemable Shares (one off MK15,000) ……
Savings/Deposits (minimum MK2,000) ……

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……..