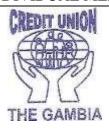
CATHOLIC EDUCATION SECRETARIAT CO-OPERATIVE CREDIT UNION

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Name of Relationship Manager

FOR INTERNAL USE ONLY





C/o Catholic Mission P.O. Box 165, Banjul The Gambia

Tel: (220) 4374945, Mob:

3423970

Fax: (220) 4374945

Name of Cree	dit Union			
Branch				n nnogo
Date of Appli	ication			
PERSONAL INFORMATION				
Mr./Mrs./Ms.	Surname:	Name:	Middle Name:	
Date of birth (I	D/M/Y)	Marital Status: Married / Single / Divorced	/ Widow	No. of Dependents:
Form of Identification (attach a copy) Gambian Identity Card / Passport / Driver's Licente ID # PC # DL #			ise	All documents available: YES / NO When to submit pending document:
Home Addre	ess:			
Home Tel. No.:			e-mail:	
Employer's	address:			
Occupation:			Work Tel. No.	
1.Next Of Kin:			1.Tel. No.	
Relationship:			Email add.:	
2.Next Of Kin:			2. Tel. No	
Relationship:			Email add:	
Dual Membe	ership: Yes	No	CU:	
Initial Deposit (GMD)			Savings (GMD)	
How often will you deposit? Daily Weekly Monthly			Shares (GMD)	
APPLICANT'S DECLARATION				
I hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize to obtain any information it may require, relating to this application from any source it deems relevant and I agree to conform to the Rules and amendments thereof, and subscribe at least one share.				
SIGNATURE OF APPLICANT			DATE	
	AL USE ONLY Officer of CESCCU confirm	ms that the Membership Application Form is duly	completed and signed by	
The Relationship Officer of CESCCU confirms that the Membership Application Form is duly completed and signed by				

Head of Operations