Bodija (Ibadan)

UNIQUE

Cooperative Investment & Credit Society (CICS) Limited

Attach 2 passport pictures here. Write your name and sign behind each picture

8, Oba Akenzua Road, Old Bodija, Ibadan.

Email: uniquecoopngr@gmail.com 08125006016, 08079212574

Application & Membership Form

Application No: 000197

1) **Name:** (Surname (in capital), First & Middle names):_____

_____

2) **Date of Birth:**_____

3) **Current Address:**_____

4) **Email address:**_____

5) **Phone numbers:**_____

6) **State of Origin & LGA:**_____

7) **If not Nigerian, state country and town of birth:** _____

8) **Profession:**_____

9) **Occupation:** _____

10) **Next of Kin/Beneficiary (state relationship), DOB & Contact Address:**

_____

_____

_____

11) **Guarantors:**

a)_____

b) _____

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12) Declaration:

I (applicant's name) .....hereby apply to be a member of **Bodija (Ibadan) Unique Cooperative Investment & Credit Society Limited.** If admitted, I undertake to accept and abide by the code of conduct/Covenant/Rules & Bye-laws of the Cooperative and shall endeavour to advance the course of the organization. I certify that the information given on this form is true and correct and enclose payment for my membership application.

13) Signature: _____

FOR OFFICIAL USE ONLY

Date Received: ..... Receipt No: .....

Membership Fee Payment Detailed: **N**..... Bank:.....

Date of Payment..... Cheque or Cash: .....

Membership NO. : .....

Passbook #:.....

Nominee Form Administered, Executed and Returned to the Office: .....
Remark: .....
.....

Membership:

Recommended Accepted:.....Recommended Rejected:.....
.....
Administrative Officer Executive's Name/Signature/Date

Final Membership Approval

S/N	Cooperative Executive Name	Post	Signature	Date
1				
2				