



# EMMANUEL CO-OPERATIVE CREDIT UNION

## JOINT ACCOUNT REGISTRATION FORM

ACCOUNT NO. ....

FULL NAME: .....DATE OF BIRTH:.....SEX.....

MARITAL STATUS: Married  Single  Widow  Divorce  ID TYPE:..... ID NO.....

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FULL NAME: .....DATE OF BIRTH:.....SEX.....

MARITAL STATUS: Married  Single  Widow  Divorce  ID TYPE:..... ID NO.....

ADDRESS: .....

OCCUPATION: ..... OCCUPATION: ..... OCCUPATION: .....

HOME TOWN: ..... HOME TOWN:..... HOME TOWN:.....

CONTACT NO.: ...../...../.....

INITIAL SAVINGS GHC..... (IN WORRDS) .....

INITIAL SHARES GHC..... (IN WORRDS) .....

We hereby apply for membership in the Swedru Emmanuel Co-op. Credit Union Ltd. and agree to abide by the Bye-Laws, Savings and Loan Policies and any other regulations that may be enacted by the Board of Directors from time to time.

...../...../.....  
Signature/Thumbprint

.....  
Date

### NOMINATION

We hereby nominate the following person(s) to take over a partner's percentage of our assets and liabilities with Swedru Emmanuel Co-operative Credit Union Ltd. in case of death or permanent disability of a partner.

1. Name of Nominee ..... Relationship.....

Tel. No. .... Percentage.....

2. Name of Nominee ..... Relationship.....

Tel. No. .... Percentage.....

3. Name of Nominee ..... Relationship.....

Tel. No. .... Percentage.....

Registration Fees Paid GH¢.....