



MITANYEN COOPERATIVE CREDIT UNION LTD. MITACCUL (MFI COOP BOD)

P.O BOX 205 Sonac Street B'da
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Website: www.mitaccul.org | Email: mitaccul@mitaccul.org



APPLICATION FOR MEMBERSHIP

Name: _____ Sex _____

Date of Birth: _____ Place of Birth _____

Occupation: _____

Address: _____

Email: _____ Tel: _____ Or _____

NIC N°: _____ Issued on _____ at _____

I wish to apply for membership in MITANYEN Cooperative Credit Union Ltd. I am conversant with the bye-laws, and if accepted as a member, I agree to abide by those bye-laws and amendments thereof.

Applicant's Signature: _____ Date _____

Proposed by: _____ a member.

Proposed by: _____ a member.

FOR THE BOARD OF DIRECTORS

Approved by: _____ Signature: _____ Date _____

Membership Number Allocated _____

NOMINATION OF BENEFICIARY

Name of Member: _____ Account N°: _____

In pursuant to the current Co-operative Law and Decree of Application, with model Bye-laws regarding the naming of heirs. I hereby nominate the following as my beneficiary(ies), as well as his/her/their ratio(s):-

No.	NAME	TEL	RELATION	RATIO*	SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Done at _____ this _____ day of _____ 20 _____

Name of Member: _____ Signature: _____

Name of Witness: _____ Tel: _____ Signature: _____

* = Ratio. Not more and not less than 100%

The names of the beneficiaries should be in the order of their birth Certificates/National Identity Cards.

MITACCUL SERVICES SUBSCRIPTION FORM

**Please kindly place a tick (✓) for services you wish to subscribe to at
Mitaccul**

- | | | | | | | |
|--|---|---|---|---|------------------------------|-----------------------------|
| 1. Chargeable sms alerts for transactions. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Honour my requests to pay from my account to
third parties through special withdrawal slips (SWS). | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Honour my requests via my personal e-mail to pay
funds by way of signed authorisations. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Preference shares remunerated yearly and renewed
after 2 years except otherwise terminated. | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Honour my request to send my salary to me via mobile money through
authentication. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Shares account. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Savings account. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Deposit account. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Salary account. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. Transactions (withdrawals) to be sent via mobile
money services. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. Online banking services. | — | — | — | — | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

LOCATION PLAN (HOME SKETCH)

Member's Signature _____