



POLYMED SACCO LIMITED

“Improving member`s social and economic status”



Chipatala Avenue, P.O. Box 30357, Chichiri, Blantyre 3 | Tel: +265 (0) 998 300 203/204/201
| E-mail: polymedsacco@poly.ac.mw | Website: www.polymedsacomw.com

MEMBERSHIP APPLICATION FORM

FILL IN THE SPACES USING BLOCK LETTERS ONLY.

PERSONAL DETAILS

First Name:.....Title (Mr,Mrs,Miss)

Middle Names:.....

Last Name:.....

Date of birth- Date:..... Month:.....Year:..... Marital status.....

Sex (Male / Female).....

Home Address :.....

Village Headman :.....

Chief/T/A District.....

Identity type:..... No:Date issued.....

Physical Address:

Nationality.....

Phone Number:..... Email:

Highest-Qualification:.....

EMPLOYMENT DETAILS

Company: Employment/Payroll No.:

Occupation.....

Employers Address :.....

Employment Status (please tick where applicable)

Permanent : Commence date:.....

Contract: From..... To

Temporary: From.....To.....

COMMERCIAL BANK DETAILS:

Bank Name Acc No.: Branch

BENEFICIARY DETAILS

Name	Date of Birth	Relationship	Allocation (%)

NEXT OF KIN DETAILS

Name	Address	Relationship	Telephone

Passbook fee (K200) Shares: Deposits:

Entry fee (K500)

I hereby make an application for Membership & agree to conform to Bye-Laws of the SACCO & any amendments thereof, AND in case of leaving my present employer I make a declaration and authorize the Sacco to recover my Loan balance with the SACCO(if any at the time of my leaving) from my Terminal Benefits and further declare that the information given above is correct to the best of my knowledge.

Signature of Applicant :.....Date.....

Witness Name : Signature.....

Employers Signature..... Stamp

For Office use only

Book number : Entrance fees applicable

Directors/CEO's signature: Date of admission