Form: EMCS/001

Bismillahir Rahmanir Rahim

EL-ANSAR MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.

"Towards wealth creation for the Ummah"

NATIONAL HOSPITAL, ABUJA

MEMBERSHIP APPLICATION FORM

Affix Passport Photograph

SECTION A

PERSONAL DETAILS:

1. NAME: .....
   (Surname) (Middle Name) (First Name)
2. I.D. NO: .....
3. PLACE OF WORK: .....
4. DATE OF APPOINTMENT: .....
5. DEPARTMENT: .....
6. ANNUAL SALARY (N): .....
7. DATE OF BIRTH: .....
8. SEX: .....
9. MARITAL STATUS: .....
10. OFFICE ADDRESS: .....
    .....
11. HOME ADDRESS: .....
    .....
12. MOBILE PHONE NO: .....13: E-MAIL NO: .....
14. NEXT OF KIN: ..... 15. RELATIONSHIP: .....
16. ADDRESS AND PHONE NO OF NEXT OF KIN: .....
    .....
17. TOTAL MONTHLY CONTRIBUTION: .....
    i) Investment Account: .....
    ii) Savings Accounts: .....
    iii) Target/Emergency Account: .....
    iv) Retired Saving Account: .....

18. BANK DETAILS:

(a) Account Name:.....

(b) Bank Name:.....

(c) Account No:..... Sort Code:.....

(d) Branch:.....

SECTION B

AUTHORITY TO DEDUCT FROM SALARY:

Please deduct from my monthly salary the sum of N..... To be credited in my account with el-Ansar Multipurpose Cooperative Society Limited, National Hospital Abuja with effect from.....

(This Section is for National Hospital Staff only)

SECTION C

DECLARATION:

I hereby apply for enrolment as member of the above named Society and promised to abide by the rules and regulations as contained in the Bye-Laws and as amended from time to time and any other provisions as the case may be.

FOR OFFICIAL USE ONLY

Recommendation:.....

Approved/Not Approved:..... Signature: .....

Membership No:.....

Date Registered:.....

NOTE: This Membership Form (EMCS/001) Should be completed and return to the Secretary-General with an enrolment fee of N1,000.00 (One Thousand Naira Only).

Investment Account is 50% of total Monthly Contribution.

THIS PORTION IS FOR NON-NATIONAL HOSPITAL STAFF MEMBERSHIP :

Non-National Hospital Staff Members are required to submit Three(3) Letters of Reference. One from his Employers, another one from National Hospital Abuja Staff Member of the Society and the third from a person with an impeccable character and highly respected.

Form: EMCS/002

Bismillahir Rahmanir Rahim

EL-ANSAR MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.

NATIONAL HOSPITAL, ABUJA

MANDATE FORM

I, ... hereby authorised the Executive Council of el-Ansar Multipurpose Cooperative Society Limited to credit Monthly deductions being made from my salary on my behalf to my Account with the Society with effect from ..... As follows:

i) Investment Account:.....

ii) Savings Accounts:.....

iii) Target/Emergency Account:.....

iv) Retired Saving Account:.....

Total Deductions per Month:.....

- Target Date (Optional):.....

a) Department:.....

b) I.D Card No:.....

c) Membership No:.....

d) Signature:.....

NB:

- *It should be noted that any Mandate Form duly completed, signed and submitted cannot be changed until after three Months.*
- *Minimum Investment Account is 50% of Total Monthly Contribution.*

(This Form is for National Hospital Staff Only)