

# New KOSOL Group of Companies

Please attach  
one (1) recent  
Passport  
Photograph  
**If Available**

**Head Quarters:** No 5 ASACS Road beside First Bank, Bwari FCT Abuja  
**Branch Masaka:** Behind NNPC Filing Station, by Primary HealthCare Masaka – Abuja Keffi Rd.  
**Branch Madalla:** Along Madalla - Suleja Road, Behind BEE PEE Pharmacy, Before LUCAS Hospital Madalla.  
**Tel:** 08140604882, 09095958232, 07063107477, 08028713122, 08079460311, 07080328155,  
07019140714, 07085201697



New KOSOL Welfare Initiative.  
Giving you a Helping Hand  
Subsidiary of  
New KOSOL Group of Companies

## Welfare Application Form.

**TO BE COMPLETED IN BLOCK LETTERS PLEASE.**

**All information supplied here will be treated as  
CONFIDENTIAL.**

PLEASE THIS FORM is **FREE**

### **Craving to help**

KOSOL Cooperative Society owes itself a duty to assist a minimum of 100 people every year without a recall for payback, this is born out of our zeal to eradicate poverty from our environs. But its support is always and ONLY given to people with passion to progress in life but are not opportune to have the support they need financially or advisory.

It is also important for each applicant to convince New KOSOL Cooperative Society that you desire the assistance you are looking for.

### Section A

#### Applicant's Details:

Name in Full: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office/Business Address: \_\_\_\_\_

Mobile Numbers: \_\_\_\_\_

State of Origin: \_\_\_\_\_ LGA of Origin: \_\_\_\_\_

Home Town: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Languages you can hear/speak: \_\_\_\_\_

Highest Qualification: \_\_\_\_\_

### Section B

How did you hear about New KOSOL Welfare Scheme? \_\_\_\_\_

\_\_\_\_\_

**Section C**

Describe details of your Business: \_\_\_\_\_

\_\_\_\_\_

**Section D**

What is your total capital as at the time of this application? \_\_\_\_\_

Explain to us how you intend to expand your business if supported by New KOSOL Welfare Scheme

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section E - Bank Details**

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

**Declaration**

I hereby declare that all information provided here is true and nothing but the true

Attached is a copy of my ID-card if applicant have a means of identifications - **Not Compulsory**

.....

Name and Signature

...../.....

Date/Phone No.

.....

Name and Signature of KOSOL Representative

...../.....

Date/Phone No.