

New KOSOL Cooperative

Society Limited

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 LUSAC Hospital Madalla,

Ware House Branch: Along Bwari -Ushafa Road, Opp Mountain of Fire, Bwari FCT Abuja

EDUCATION MADE EASY

Field with asterisk (*) are Compulsory

Tel: 08140604882, 09095958232, 07063107477,
08028713122, 08079460311, 07080328155,
08147023829, 07085973757
07019140714, 07085201697



New KOSOL Cooperative Society LTD.
Giving you a Helping Hand
Subsidiary of
New KOSOL Group of Companies

All prospective members of KOSOL Cooperative Society EDUCATION MADE EASY are required to complete this registration form. All information provided here are confidential.

SELF PARENTS/GUARDIAN

SECTION 1: INDIVIDUAL / PARENTS OR GUARDIAN CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Alh. <input type="checkbox"/> Dr <input type="checkbox"/> Chief <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> others _____					
* NAME						
* ADDRESS 1				* MAIN TELEPHONE		
ADDRESS 2				WORK TELEPHONE (if different)		
ADDRESS 3				HOME TELEPHONE		
TOWN/CITY				* MOBILE PHONE		
ZIP CODE				PRIMARY EMAIL		
* Day/Month of birth				SECONDARY EMAIL		
* Next of Kin Name				* Next of Kin Tel		

SECTION 2:

MEMBER TYPE	DESCRIPTION	MODE OF CONTRIBUTIONS
FULL	Full Membership	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
ASSOCIATE	Associate membership is open to all who share New KOSOLs Cooperative objectives or wish to help advance them but cannot become full members (restricted from direct benefits or access to funds directly except through a full member)	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
	Important	All Contribution must be remitted as stated above without exceeding any of the chosen options
Contribution Method	<input type="checkbox"/> Table Contribution <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Online Transfer	

SECTION 3: Notices

1	All EDUCATION MADE EASY contributions should not be less than ₦300.00 Daily, ₦1,500.00 weekly, and ₦6,000.00 monthly.
2	Any member that wishes to withdraw from the EDUCATION MADE EASY Package must give two weeks' notice in writing and in that case his/her total contribution will be refunded but if contribution is not up to two (2) months there will be no benefit attached.
3	EDUCATION MADE EASY Package enables access to facility up to 200% of total contributions at a negotiable interest.
4	Any member that wishes to access facility above his/her contribution needs another member to guarantee him/her.
5	Failure to contribute regularly as stated in (1) above might disqualify one from accessing facility.
6	Each member of the EDUCATION MADE EASY package can receive his/her total contribution at commencement of each term or session or when He/She deems to start any academic issues. If contribution is above two (2) months there will be benefit attached.
7	EDUCATION MADE EASY package also welcomes group of students (with negotiations of terms of operations)

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SECTION 4: Details of Beneficiary (s)

1	Name		Age		School	
2	Name		Age		School	
3	Name		Age		School	
4	Name		Age		School	
5	Name		Age		School	

SECTION 5: Account Details

FILL WITH CAPITAL LETTERS

Sure Name	
Middle Name	
Other Name	
Account Number	
Bank Name	

SECTION 6: NEXT OF KIN

FILL WITH CAPITAL LETTERS

Name	
Home Address	
Office Address if any	
Email if Any	
Phone Numbers	

SECTION 7: Members Home Address

FILL WITH CAPITAL LETTERS

Name	
Address 1	
Address 2	
Names know with in your Area.	

Date: _____

Sign: _____

Official Use Only

Name Of Staff: _____	Signature: _____	Date: _____
Comment: _____		
