

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

END OF YEAR MEMBERSHIP FORM



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

Field with asterisk (*) are Compulsory

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

All prospective members of KOSOL Cooperative Society are required to complete this registration form. Indicate any changes; Membership runs from January. 1st - December 30th Every year.

NEW MEMBERSHIP **RENEWAL**

SECTION 1: MEMBER 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: MEMBERSHIP TYPE AND METHOD

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Monthly)
FULL	Full Membership	N200 + N5000 (Minimum) Monthly
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)	ANY AMOUNT
Important		All Contribution must be remitted on or before the last day of the month.
Contribution Method	<input type="checkbox"/> Table Contribution <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Online Transfer	

SECTION 3: Notices

1	All full members can access funds on loan basis payable monthly with a 10 % monthly interest.
2	Funds collected on loan by a member can be rolled over so long the interest is serviced.
3	Any member that wishes to withdraw from the welfare must give two weeks' notice and in that case his/her total contribution will be refunded without any interest.
4	Associate members can only access/borrow funds through a full member
5	Any member that wishes to borrow above his/her contribution need another member to guarantee him/her
6	Members benefit at the end of year will be determined by members contribution.
7	The additional N200 contributed by members monthly are for administrative purposes, but will be added to the total interest at the end of the year if not used. Please notify us whenever we have a cause to celebrate child birth, wedding, etc. or if a member is bereaved.
8	Each member of the Cooperative will receive his/her total contribution from January to November on or before 25th December of that year and the interest will be used to purchase food stuff and distribute to members as agreed by all the members in some cases cash equivalent will be given to those who prefer cash. (not encouraged)

Date: _____

Sign: _____

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SECTION 4: Account Details

FILL WITH CAPITAL LETTERS

SurName	
Middle Name	
Other Name	
Account Number	
Bank Name	

SECTION 5: NEXT OF KIN

FILL WITH CAPITAL LETTERS

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

SECTION 6: Members Home Address

FILL WITH CAPITAL LETTERS

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

SECTION 6: Remark:-

Date: _____

Sign: _____

Official Use Only

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