

# 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

## MY BUSINESS

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 MY BUSINESS are required to complete this registration form.  
 All information provided here are confidential.

INDIVIDUAL  GROUP

### SECTION 1: MEMBER CONTACT INFORMATION

<b>TITLE</b>	<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 _____						
<b>* NAME</b>							
<b>* ADDRESS 1</b>					<b>* MAIN TELEPHONE</b>		
<b>ADDRESS 2</b>					<b>WORK TELEPHONE</b> (if different)		
<b>ADDRESS 3</b>					<b>HOME TELEPHONE</b>		
<b>TOWN/CITY</b>					<b>* MOBILE PHONE</b>		
<b>ZIP CODE</b>					<b>PRIMARY EMAIL</b>		
<b>* Day/Month of birth</b>					<b>SECONDARY EMAIL</b>		
<b>* Next of Kin Name</b>					<b>* Next of Kin Tel</b>		

### SECTION 2:

MEMBER TYPE	DESCRIPTION	MODE OF CONTRIBUTIONS
<b>FULL</b>	Full Membership	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
<b>ASSOCIATE</b>	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"/>
	<b>Important</b>	<b>All Contribution must be remitted as stated above without exceeding any of the chosen options</b>
<b>Contribution Method</b>	<input type="checkbox"/> Table Contribution <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Online Transfer	

### SECTION 3: Notices

1	All MY BUSINESS contributions should not be less than ₦300.00 Daily, ₦1,500.00 weekly, and ₦6,000.00 monthly, but can be more as member wishes.
2	Any member that wishes to withdraw from MY BUSINESS 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 attach.
3	MY BUSINESS Package enables access of 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	<b>Failure to contribute regularly as stated in (1) above might disqualify one from accessing facility.</b>
6	Each member of MY BUSINESS package can receive his/her total contribution when He/She deem fit to start any business activity. If contribution is above two (2) months there will be benefit attached.
7	MY BUSINESS package also welcomes group traders (with negotiations of terms of operations)

# New KOSOL Cooperative Society Ltd.

No 5 ASAC Road, Beside First Bank Bwari, FCT Abuja

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

## SECTION 4: Account Details

FILL WITH CAPITAL LETTERS

Sure Name	
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

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

## SECTION 6: State type of business

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Date: \_\_\_\_\_

Sign: \_\_\_\_\_

Official Use Only

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