



MZUZU UNIVERSITY SACCO

MEMBERSHIP APPLICATION FORM

DATE:.....

PLEASE FILL-IN THE BOXES USING BLOCK LETTERS ONLY

A/C Number:	Employment Number:
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Surname:	First Name:
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Home Address:

Mailing Address:

Identity:	/Location:
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Chief (T/A):	Village Headman:
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DOB: / /	Sex (M/F)	District:
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Occupation (Job title)	Highest Education
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Phone number:	/
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Father's Name & Chiwongo	Husband / Wife Name & Chiwongo
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BENEFICIARIES:	
Name & Surname:	Phone Number:
1.	
2.	
3.	
4.	
5.	
6.	

Monthly shares contribution	MWK
Monthly Savings contribution	MWK

I hereby make Application from Membership and Agreed to conform to Byelaws and any Amendments thereof.

Signature of Applicant (thumbprint)

Date of Admission:

Name:.....
Signature:.....