LAGOS LOCAL GOVERNMENTS COOPERATIVE MULTIPURPOSE SOCIETY LTD.

Motto: Each for All and All for Each

MEMBERSHIP APPLICATION FORM (MAF 001)

PIX NO.:

PERSONAL DATA

SURNAME:

FIRST NAME: **MIDDLE NAME:**

ZONE: **EMPLOYEE'S NO.**

LOCATION: **DEPARTMENT:**

APPOINTMENT DATE: D D M M Y Y Y Y **DATE OF BIRTH** D D M M Y Y Y Y

HOME ADDRESS:

E-MAIL: **GRADE LEVEL:** **STEP:**

MOBILE NO.: **LAND LINE:** 0 1 -

AGREED MONTHLY SAVINGS ₦ **COMMENCEMENT DATE:**

BANKER'S NAME:

BANK ACCOUNT NO: **SORT CODE:**

NEXT OF KIN

SURNAME:

FIRST NAME: **MIDDLE NAME:**

HOME ADDRESS:

RELATIONSHIP: DAUGHTER **SON** **HUSBAND** **WIFE**

OTHERS **MOBILE NO.:**

BENEFICIARY

S/N	NAME	RELATIONSHIP	%

Any change in this information should be made in writing to the secretariat.

APPLICANT'S SIGNATURE **DATE**

FOR OFFICE USE

ACCOUNT NO:

FORM NO:

ACCOUNT OFFICER:

ACCOUNT OFFICER'S CODE:

CHECKED BY

AUTHORISED BY

For more enquiries, please contact us on 01-7745310, 07040422401, 07040422402, 07040422404, 07040422416
or visit us at our website: www.llgcooperative.com, E-mail: info@llgcooperative.com