CHILUNGAMO SAVINGS & CREDIT COPERATIVES LTD MALAWI

Save more, Get more!!

C/O High Court of Malawi, P.O. BOX 30244, Blantyre

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helpdesk@chilungamosacco.com | www.chilungamosacco.com

MEMBERSHIP REGISTRATION FORM

A. APPLICANT'S PARTICULARS

Full Names

Proof of Identification: Passport/Visa ☐ Driving License ☐ National ID ☐ No:

Village T/A District

Address

Residence Town District

Gender: Male ☐ Female ☐ Marital Status: Single ☐ Married ☐ Mobile

Highest Qualification

B. EMPLOYEE PARTICULARS

Employer Name Position Station

Payroll No Terms of Employment Permanent ☐ Temporary ☐

Date of Employment Address

C. CONTRUBITIONS DETAILS

Shares in monthly Contribution (MK)

Savings in monthly Contribution (MK)

Effective Date

D. DELEGATED (Next of Kin/ Nominee)

Full Names

Gender : Male Female ☐ National ID No:

Phones(s) /

Full Names

Gender : Male ☐ Female ☐ National ID No:

Phones(s) /

D. SKETCH MAP LOCATION

E. DECLERATION

I …… confirm that all information given is true and correct. In accepting the membership, I agree to abide by the Constitution of the Chilungamo Sacco Ltd Malawi.

Signature …… Date of Application ……Fingertip

To be Completed by Official

Checked by …… Date……Signature ……

@ChilungamoSacco LTD 2024