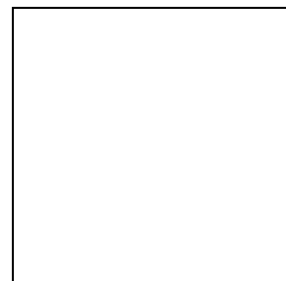




LEGACY COOPERATIVE MULTIPURPOSE SOCIETY LIMITED
REG. NO. LSCS17253



MEMBERSHIP APPLICATION FORM

NAME (MALE/FEMALE)

DATE OF BIRTH MARITAL STATUS OCCUPATION

RESIDENTIAL ADDRESS

PHONE NUMBER EMAIL.....

STATE OF ORIGIN LOCAL GOVT AREA HOME TOWN

NEXT OF KIN INFORMATION:

NAME RELATIONSHIP

ADDRESS PHONE NUMBERS

ARE YOU SUBSCRIBED TO ANY OTHER SIMILAR THRIFT AND CREDIT COOPERATIVE SOCIETY?

(YES/NO) IF YES, GIVE DETAILS

HOW DID YOU FIND OUT ABOUT LEGACY COOP.....

DECLARATION: I affirm that all the information provided in this form are a true and accurate representation of my person.

SIGNATURE DATE

FOR OFFICIAL USE:

ADMITTED NOT ADMITTED

MEMBERSHIP NO EFFECTIVE DATE

ACTION BY SIGNATURE..... DATE.....