



P.O. Box 10131 Vivraz Plaza Laucala Beach Estate
Telephone: 3385222 ext 323345/323346/3683588
Fax: 3380894

APPLICATION FOR NEW MEMBERSHIP

The Chairman
Mataivalu Savings Credit Union
P.O Box 10131
Laucala Beach Estate

Dear Sir/Madam

I apply to be registered member of MSCU and agree to adhere to its rules, regulations and by-laws and any amendment thereto. I attach ten dollars as my share and agree to deduct a minimum ofdollars per fortnight as initial contribution on membership.

Reg No:-..... Rank:-..... Unit: -

FNPF No:- TIN No: -

First name: - Surname: -

DOB: - Telephone: - (W)..... (H/M).....

Postal Address: - Years Of service: -

Residential Address: -

.....

Koro: - Tikina: - Yasana: -

Marital Status: Married Single

Dependants: -

.....

.....

NEXT OF KIN:

NAMES	ADDRESS

BENEFICIARY:

NAME(S)	RELATIONSHIP	SHARE PERCENTAGE (%)

(Beneficiary must be re-confirmed after marriage)

Witness:

1. Name: - Applications Signature: -

Signature: -

Designation: - Date:

2. Name: -

Signature: -

Designation: -