



P.O. Box 10131 Vivraz Plaza Laucala Beach Estate
Telephone: 3385222 ext 323345/323346/3683588
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SAVINGS APPLICATION FORM

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

Dear Sir/Madam

As a registered member of MSCU, agreeing to its rules, regulations, by-laws and any amendments thereto. I agree to deduct a minimum of dollars per fortnight to contribute to my savings.

Surname: _____

First (given) Name(s): _____

Regimental Number: _____ Rank: _____

TIN No: _____ Passport No: _____

DOB: _____

Gender: Male / Female (**circle if appropriate**) Unit: _____

Postal Address: _____ Years of service: _____

Residential Address: _____

Email Address: _____ Koro: _____

Tikina: _____ Yasana: _____

Marital Status: (**place a tick where applicable**) Married Single

Telephone Number: _____ Mobile Number: _____

Next of Kin: _____ Relationship: _____

Address: _____ DOB: _____

Beneficiary:

Name (s)	Relationship	DOB	Share Percentage (%)

(Beneficiary must be reconfirmed after marriage)

Witness:

1. Name: _____

Applicant Signature:

Signature: _____

Designation: _____

Date: _____

Date: _____

2. Name: _____

Signature: _____

Designation: _____

Date: _____