



UNIVERSITY FOR DEVELOPMENT STUDIES COOPERATIVE CREDIT UNION  
(UDSCCU)



**APPLICATION FOR MEMBERSHIP FORM**

RECENT PASSPORT

PICTURE HERE:

TWO (2)

**Personal Particulars:**

Full Name: \_\_\_\_\_

Department: \_\_\_\_\_

Campus/Location: \_\_\_\_\_

Staff No: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby apply for membership to the UDSCCU and agree to be bound by the bye-laws of the Union.

The Finance Officer is authorized to deduct an amount of  
GH¢ \_\_\_\_\_ (Amount in words) \_\_\_\_\_

from my monthly salary with effect from \_\_\_\_\_

Enclosed herewith is my registration Fee of five Ghana cedis (GH¢5.00) which I understand is not refundable. I also agree to subscribe to the minimum shares of the Union for the time being in force.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_

**BENEFICIARY NOMINATION**

I hereby declare that the under mentioned are to receive my entire savings with any accrued interest and dividends in the event of my death.

Name	Relationship to Member	Permanent Address	Percentage

Signature:.....Date:.....

NOTE: All completed Application Forms should be hand delivered and accompanied by a registration fee of five Ghana cedis (GH¢5.000 payable to the Treasurer, UDSCCU. Application received after 10<sup>th</sup> day of a certain month would be processed to take effect from the following month.



**FOR OFFICE USE ONLY**

**Date of Receipt:**.....

**Membership Number:**.....

**No. of Shares:**.....