

**GHANA PORTS AND HARBOURS AUTHORITY**  
**CO- OPERATIVE CREDIT UNION. P. O. BOX 708 TAKORADI**  
**TELEPHONE: 031- 2021886**



**MEMBERSHIP APPLICATION FORM**

NAME OF APPLICANT..... MEMBERSHIP N<sup>o</sup> .....

STAFF N<sup>o</sup>..... DATE OF BIRTH.....SEX.....

ADDRESS.....H/NO.....

OFFICE N<sup>o</sup>..... MOBILE N<sup>o</sup>.....

MARITAL STATUS..... OCCUPATION/ DEPT .....

E-MAIL .....

I hereby apply for membership in the above named credit union and agreed to abide by the rules and regulations of the society. I have agreed also that members must make a regular savings, receive loans for good purposes only and make regular repayments for all loans taken.

I have decided to make a regular savings of **GH ₵**..... per month

Enclosed herewith, is my re entrance fee of **GH₵** .....

SIGNATURE:..... DATE.....

**DECLARATION OF BENEFICIARY**

IN CASE OF MY DEATH, I DESIRE THAT, THE ENTIRE SAVINGS STANDING TO MY CREDIT BE APPORTIONED TO THE BENEFICIAIRES BELOW AS AGAINST THEIR NAMES:

NAME	RELATIONSHIP	ADDRESS	SHARE (%)

WITNESSED BY.....A/C N<sup>o</sup>..... DATE.....