



FORM M001 **REGISTRATION & CHANGE OF DETAILS**

NEW MEMBER EXISTING MEMBER MEMBERSHIP NO.

SECTION A **PERSONAL DETAILS** MALE FEMALE MR/MRS/MS/MISS

(PLEASE USE BLOCK LETTERS)

SURNAME:.....
 FIRST & OTHER NAMES:.....
 DATE OF BIRTH:..... MARITAL/SPOUSAL STATUS:..... NO. OF CHILDREN:.....
 MOBILE NO.:..... LANDLINE:..... EMAIL:.....
 RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS:.....

TIN:..... EDP:..... FNPF NO.:.....

BENEFICIARY NAME	RELATIONSHIP	DATE OF BIRTH	CLAIM%
.....
.....
.....
.....

SECTION B **SERVICE REQUIREMENTS**

MEMBERSHIP KIDZ SAVINGS CLUB X-MAS SAVINGS CLUB EDUCATION SAVINGS CHANGE OF DETAILS OTHER

PREFERRED BREAKDOWN (\$) OF CONTRIBUTIONS

SHARES	COMPULSORY SAVINGS	X-MAS SAVINGS	EDUCATION SAVINGS	KIDZ SAVINGS
.....

(APPLICATIONS FOR KIDZ SAVINGS CLUB, COMPLETE THE FOLLOWING SECTION)

CONSENT FOR KIDZ SAVINGS CLUB:
 It is a prerequisite of this service that one of both Parents/Guardians of the child must be an active member of the FPS Credit Union.

NAME OF PARENT/GUARDIAN:.....
 MEMBERSHIP #.....
I hereby consent to the above child joining the FPS Credit Union KIDZ SAVINGS CLUB. I understand the terms of conditions of this service and have agreed to these. YES NO
 SIGNATURE:.....

SECTION C **EMPLOYMENT DETAILS** FULL-TIME PART TIME SELF EMPLOYED

EMPLOYER NAME:..... POSITION / JOB TITLE:.....
 ADDRESS:..... TELEPHONE: MOBILE:
 SALARY OFFICER NAME: EMAIL: DIRECT PHONE:
 SIGNATURE OF APPLICANT..... DATE:.....

SECTION C **OFFICIAL USE ONLY**

REQUIRED DOCUMENTATION

<input type="checkbox"/> BIRTH CERTIFICATE (FOR KIDZ CLUB / BENEFICIARY DETAILS)	RECEIVING OFFICER:.....
<input type="checkbox"/> PHOTO ID	DATE RECEIVED:..... SIGN:.....
<input type="checkbox"/> RECENT PAYSリップ	PROCESSING OFFICER:.....
<input type="checkbox"/> OTHER	DATE ENTERED:..... SIGN:.....