

TIMANGE MODERN CONCEPTS MEMBERSHIP & SHARE APPLICATION FORM

Applicant Information

(Please write legibly) Note that this form is editable and can be completed on a computer. Fill in the details and save it to your computer before printing or emailing it.

<p>Applicant's Last Name <input style="width: 100%;" type="text"/></p> <p>Passport/ID Number <input style="width: 100%;" type="text"/></p> <p>Passport/ID Expiration Date <input style="width: 100%;" type="text"/></p> <p>Home Address (Village) <input style="width: 100%;" type="text"/></p> <p>T/A <input style="width: 100%;" type="text"/></p> <p>District <input style="width: 100%;" type="text"/></p> <p>Upload Copy of ID/Passport <input style="width: 100%;" type="text"/></p> <p>Telephone No. (Home) <input style="width: 100%;" type="text"/></p> <p>Email Address <input style="width: 100%;" type="text"/></p> <p>Marital Status</p> <p style="margin-left: 20px;"> <input type="radio"/> Single <input type="radio"/> Married </p> <p>Level of Education</p> <p style="margin-left: 20px;"> <input type="radio"/> Primary Education <input type="radio"/> Sec. Education <input type="radio"/> Post Sec. Education </p>	<p>First Name <input style="width: 100%;" type="text"/></p> <p>Date of Birth <input style="width: 100%;" type="text"/></p> <p>Residential Address <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p>City/Town <input style="width: 100%;" type="text"/></p> <p>Postal/Zip Code <input style="width: 100%;" type="text"/></p> <p>Country <input style="width: 100%;" type="text"/></p> <p>Mobile No. <input style="width: 100%;" type="text"/></p> <p>Telephone (Work) <input style="width: 100%;" type="text"/></p> <p>Gender</p> <p style="margin-left: 20px;"> <input type="radio"/> Male <input type="radio"/> Female </p> <p style="margin-left: 20px;"> <input type="radio"/> Graduate <input type="radio"/> Post Graduate </p>
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Beneficiary Details

(Provide full names of beneficiaries and their percentage shareholding)

In the event of death I nominate the following to be the beneficiaries of my account

- | | | | |
|------------------------------------|----------------------|-------------------|----------------------|
| 1. Full Name (First and Last name) | <input type="text"/> | Shareholding in % | <input type="text"/> |
| 2. Full Name (First and Last name) | <input type="text"/> | Shareholding in % | <input type="text"/> |
| 3. Full Name (First and Last name) | <input type="text"/> | Shareholding in % | <input type="text"/> |
| 4. Full Name (First and Last Name) | <input type="text"/> | Shareholding in % | <input type="text"/> |

Membership Fees and Contribution

A **non refundable registration fee** of **MK5,000** plus **Annual membership** fee of **MK20,000** (non refundable) must be paid in addition to the minimum mandatory share of **MK225,000** in order to assume full membership. **Maximum share holding** per member **cannot exceed 20%** of the total declared shares.

Registration Fee	MK5,000.00		
Annual Membership Fee	MK20,000		
Number of Shares Applied	<input type="text"/>	Total Share Amount (Multiply number of shares by Cost of each Share (MK225,000))	<input type="text"/>
Total Amount Paid (Reg. Fee + membership + Total Share Amount)	<input type="text"/>		

Member's Declaration

I, agree that the registration and annual membership fees are non-refundable. Additionally I declare that I am legally authorized to sign this form, and understand its contents fully including the exceptional rules and guidelines of the Cooperative. I further declare that the information provided in this form is true to the best of my understanding.

Applicant's Signature Date

Use Adobe Reader to append your electronic signature here.

FOR OFFICE USE ONLY

Number of Shares Applied	<input type="text"/>	Cost of Applied Shares	<input type="text"/>
Number of Shares Approved	<input type="text"/>	Approved Share Amount	<input type="text"/>
		Amount Paid	<input type="text"/>
		Balance Owing	<input type="text"/>
		To be Fully Paid By	<input type="text"/>
Membership Number	<input type="text"/>	Approval Date	<input type="text"/>
Application Approved By	<input type="text"/>	Signature	<input type="text"/>
Board Member's Signature	<input type="text"/>	Date	<input type="text"/>

Note: Please attach a valid copy of your Nation ID or Passport when submitting this form.

This is a controlled document and can therefore not be photocopied or shared with anyone without the consent of Timange Modern Concepts. Forms can either be obtained from our offices in Lilongwe or downloaded/submitted from our website at www.timangecoop.com. All photocopied or duplicate forms will not be accepted.

TIMANGE MODERN CONCEPTS

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Notes:
