



All prospective members of SOLITRUST Cooperative Society TARGET SAVINGS are required to complete this registration form. All information provided here are confidential.

INDIVIDUAL

GROUP

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Alh. <input type="checkbox"/> Dr <input type="checkbox"/> Chief <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> others _____		
* NAME			
* ADDRESS 1		* MAIN TELEPHONE	
ADDRESS 2		WORK TELEPHONE (if different)	
ADDRESS 3		HOME TELEPHONE	
TOWN/CITY		* MOBILE PHONE	
ZIP CODE		PRIMARY EMAIL	
* Day/Month of birth		SECONDARY EMAIL	
* Next of Kin Name		* Next of Kin Tel	

SECTION 2:

MEMBER TYPE	DESCRIPTION	MODE OF CONTRIBUTIONS		
FULL	Full Membership	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
ASSOCIATE	Associate membership is open to all who share SOLITRUSTs Cooperative objectives or wish to help advance them but cannot become full members (restricted from direct benefits or access to funds directly except through a full member)	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
	Important	All Contribution must be remitted as stated above without exceeding any of the chosen options		
Contribution Method	<input type="checkbox"/> Table Contribution <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Online Transfer			

SECTION 3: Notices

1	All TARGET SAVINGS contributions should not be less than ₦1000.00 Daily, ₦5,000.00 weekly, and ₦20,000.00 monthly.
2	Any member that wishes to withdraw from the TARGET SAVINGS Package must give two weeks' notice in writing and in that case his/her total contribution will be refunded but if contribution is not up to two (2) months there will be no benefit attached.
3	TARGET SAVINGS Package enables access of facility up to 200% of total contributions at a negotiable interest.
4	Any member that wishes to access facility above his/her contribution needs another member to guarantee him/her.
5	Failure to contribute regularly as stated in (1) above might disqualify one from accessing facility.
6	Each member of the TARGET SAVINGS package can receive his/her total contribution at the stated period. If contribution is above two (2) months there will be benefit attached.
7	TARGET SAVINGS package also welcomes groups with like minds (with negotiations of terms of operations)

SOLITRUST Cooperative Society Ltd.

Head Quarter: Hajjar Place, Plot 1349, Ahmadu Bello Way, Garki, Abuja.

Tel: +234 802 559 7656, +234 803 615 8014

SECTION 4: Account Details

FILL WITH CAPITAL LETTERS

SurName	
Middle Name	
Other Name	
Account Number	
Bank Name	

SECTION 5: NEXT OF KIN

FILL WITH CAPITAL LETTERS

Name	
Home Address	
Office Address if any	
Email if Any	
Phone Numbers	

SECTION 6: Members Home Address

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Name	
Address 1	
Address 2	
Names know with in your Area.	

SECTION 6: Target details

Date: _____

Sign: _____

Official Use Only

Name Of Staff: _____	Signature: _____	Date: _____
Comment: _____		
