



NON-CIVIL MEMBER APPLICATION FORM

PART A. MEMBERSHIP APPLICATION

APPLICANT'S PERSONAL DETAILS

FIRST NAME (in block letters)

SURNAME:.....

OTHER NAMES.....

DATE OF BIRTH: GENDER: MALE FEMALE

CONTACT ADDRESS.....

PHONE NUMBER.....

ID TYPE..... ID NUMBER.....

(Valid ID required: National ID, Passport and Driver's License)

PERMANENT ADDRESS: VILLAGE: T/A: DISTRICT:

MARITAL STATUS

MARRIED: yes no widow widower

NAME OF SPOUSE :(if yes)

CONTACT ADDRESS.....

PHONE NUMBER.....

APPLICANT'S EMPLOYMENT DETAILS

NAME OF EMPLOYER

WORKSTATION.....

EMPLOYMENT NUMBER.....

PROFESSION (JOB TITLE)

EMPLOYERS MAILING ADDRESS

MONTHLY DEDUCTION: SHARES K..... DEPOSITS K.....

NORMINATED KINS. (if there are more than one. Allocate the percentage)

SURNAME.....

FIRST NAME.....

DATE OF BIRTH..... SEX: male female

RELATIONSHIP..... ALLOCATION (in percentage) %

SURNAME.....

FIRST NAME.....

DATE OF BIRTH..... SEX male female

RELATIONSHIP..... ALLOCATION (in percentage) %

PART B – PREMIUMS AND COVER OPTIONS

The member will be contributing a premium of **MK1000** only per month and will be able to cover up to 6 people under them. This fee is non- refundable at any given time.



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ASSURED PERSONS	COVER AMOUNT	
MEMBER	MK 1,000,000.00	
SPOUSE	MK 500,000.00	
CHILDREN	MK250,000.00	

DECLARED FAMILY MEMBERS

	FULL NAMES	DATE OF BIRTH	RELATIONSHIP	MOBILE No.
1				
2				
3				
4				
5				
6				
7				

BENEFICIARIES

MAIN BENEFICIARY			CONTINGET BENEFICIARY		
FULL NAME			FULL NAME		
DATE OF BIRTH	PHONE No.		DATE OF BIRTH	PHONE No.	
RELATIONSHIP			RELATIONSHIP		

Note: There is a 6 months waiting period in case of natural death from the date of the first premium

DECLARATION BY THE PROPOSER AND LIFE ASSURED

To the best of your knowledge, are you in good health? YES/NO if no, please explain _____

I/We the person/s by whom the Assurance is to be effected, declare that to the best of my knowledge and belief: I/We am/are in good health, free from disease and disability or symptoms thereof. I/We agree that the foregoing answers and this declaration and answers to the questions put shall be the basis of contract between me/us and Co-operatives Life Assurance. I/We also understand that no natural death claim shall be payable during the first 30 DAYS from the effective date.

ACKNOWLEDGEMENT

I hereby make Application for Membership, Funeral cover and agreed to conform to the Bye-Laws and any Amendments thereof

Signature..... Date of Admission.....

Sketch Map (Current home to your Branch Service Centre)

Specimen Signature

OFFICIAL USE ONLY

OPENED IN FIN FIN BY		CERTIFIED TO BE TRUE BY	
Signature:	Date	Signature:	Date
MEMBER ACCOUNT NUMBER :			



THE EMPLOYER

The General Manager,
United Civil Servants Sacco,
P.O Box 294,
Mzuzu.
Dear Sir,

REFERENCE LETTER FROM EMPLOYER

We hereby confirm that..... employee number..... ID/Passport Number..... has been employed by this company since as (position) in the department of and that his/her employment status is permanent, contract, temporary (circle where applicable).

We acknowledge that he/she has expressed an interest to join your SACCO (UNITED CIVIL SERVANTS SACCO).

We would like to recommend him/her to be a member of your SACCO and be accessing the financial services that are being offered at your SACCO.

We shall inform you in writing about the termination of his/her employment or death.

It's our hope that with this information you will be able to accommodate him/her. For further information, do not hesitate to call the undersigned.

Yours faithfully

Name _____

Sign _____

Title _____

Phone number _____