



ATTACH
PASSPORT

I hereby make application for membership in XACTPOINT MULTIPRPOSE COOPERATIVE SOCIETY LIMITED

Title (Mr/Mrs/Miss): _____

Full Name: _____

Occupation: _____ Place of Work: _____

Residential Address: _____

Phone Number: _____ WhatsApp Number: _____

DOB: _____ Email Address: _____

Marital Status: _____ Valid ID: _____

Next of Kin: _____ Phone Number: _____

State of Origin: _____ LGA: _____

Account Number: _____ Bank: _____

Account Name: _____ BVN: _____

I agree to make a minimum deposit of _____ per month.

If my application is accepted, I agree to pay my membership fee of _____ renewable per annum.

Account Type: X-Thrift Savings _____ Executive SAVE _____ X Elite _____ X Target _____

Annual Income: _____ Monthly Income: _____ Payment Date: _____

I agree to abide by the By-Laws of XACTPOINT MULTIPRPOSE COOPERATIVE SOCIETY LIMITED.

Date of Application: _____ Signature of Applicant: _____

Referee Name: _____ Sign: _____

FOR OFFICIAL USE ONLY

THIS APPLICATION HAVE BEEN APPROVED / REJECTED BY THE COMMITTEE

STATUS: _____

EVALUATED BY: _____

DATE: _____ SIGNED: _____