



FIRST-AID-FUNDS

MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.

Suite B1, Kiran Plaza, Beside Gwagwalada Area Council Secretariat, Along Dukpa Road,
Gwagwalada, Abuja.
Website: firstaidfundscoop.com | Contact: 08163247454, 08071398881 | Email:
firstaidfundscoop@gmail.com

ATTACH
PASSPORT
HERE

FORM ABJTC 01

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The Co-operative Secretary,
FAF CO-OP. Multipurpose Cooperative Society Ltd, Abuja.

Dear Sir/Madam,

APPLICATION FOR MEMBERSHIP OF FIRST-AID-FUNDS MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.

Please enrol me as a member of First-Aid-Funds Multipurpose Co-operative Society Ltd. Following is my personal data:

SECTION A - PERSONAL INFORMATION

Full Name: Email:
Date of Birth: Gender: Place of Birth:
State of Origin: LGA: Marital Status:
Office File No: Office Address:
Rank: SGL/Step:
Date of 1st Appointment: Likely Date of Retirement:
Bank Name: Account No: Sort Code:
Residential Address: Phone number:

Yours faithfully,

Signature & Date

Note: An entrance fee of N5,000 is required upon submission of this form. Please attach a copy of your salary payslip before submitting.



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FORM ABJTC 02

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The Co-operative Secretary,
FAF CO-OP. Multipurpose Cooperative Society Ltd,
Abuja.

Dear Sir/Madam,

AUTHORITY TO OPERATE A CHECK-OFF SYSTEM ON MY MONTHLY SALARY IN FAVOUR OF FIRST-AID-FUNDS MULTIPURPOSE CO-OPERATIVE SOCIETY LTD, ABUJA.

I, _____ of _____ hereby authorize FIRST-AID-FUNDS MULTIPURPOSE CO-OPERATIVE SOCIETY LTD. to deduct the sum of _____ (₦ _____) from my salary as Monthly Savings to the society in compliance with the byelaws. Please let this request take effect from _____.

Thank you for your time and co-operation.

Yours faithfully,

Signature & Date

Name:

Office File No: IPPIS NO:

Bank Name:

Account Number:



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FORM ABJTC 03

NEXT-OF-KIN FORM

A. COOPERATOR'S INFORMATION

Full Name:

Home Address:

School Address:

Office File No: IPPIS Number:

Marital Status:

B. NEXT OF KIN(S) INFORMATION (2 MAXIMUM)

SN	Name	Relationship	Address	Phone	Photo

Yours faithfully,

Signature & Date