

**APPLICATION FOR MEMBERSHIP**

SURNAME ID No  
 OTHER NAMES  
 MAIDEN NAME CIVILSTATUS DOB  
 PHONE NUMBER EMAIL AGE  
 HOME ADDRESS  
 OCCUPATIONAL ADDRESS  
 ACTUALLY EMPLOYED AS  
 DATE JOINING THE SERVICE

**NOMINEES (BENEFICIAIRES)**

1. NAME ID NO  
 MAIDEN NAME  
 RELATIONSHIP DOB

2. NAME ID NO  
 MAIDEN NAME  
 RELATIONSHIP DOB

I agree to abide by the rules and regulations governing the Immaculée Conception Credit Union as in force and certify that I am / I am not a member of another Credit Union.

Date Signature .....

RECOMMENDED BY Signature .....  
 RELATIONSHIP

**FOR OFFICE USE ONLY**

Documents NIC   
Proof of Address

Board of Directors meeting dated .....  
 To meet membership committee on date..... before approval.  
 Approved / Rejected ( Reasons).  
 .....

President .....Secretary..... Board Member.....

Member's Registered No ..... First Payment Date .....  
Entrance Fee MUR 300  
Shares MUR .....