



ZHRM SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

Plot 1780 Off Lubambe Road,
Buchi Close, Northmead, Lusaka
Email Address: info@zihm.org.zm
Phone Contact Numbers: +260211234537/
+260211234536/ (260) 95 5404075

MEMBERSHIP APPLICATION FORM

SECTION A: PERSONAL INFORMATION

1. Name of Applicant:	First Name	<input type="text"/>	6. Phone Number(s):	<input type="text"/>	
	Middle Name	<input type="text"/>		<input type="text"/>	
	Surname	<input type="text"/>	7. Occupation:	<input type="text"/>	
2. Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>	8. ZHRM Membership No:	<input type="text"/>
3. National ID/Passport No.:	<input type="text"/>		9. Employer:	<input type="text"/>	
4. Personal Email Address:	<input type="text"/>		10. Employer Address:	<input type="text"/>	
5. Residential Address:	<input type="text"/>			<input type="text"/>	
	<input type="text"/>				

SECTION B: MEMBERSHIP DETAILS

Membership Type: (Mark one check box by inserting X symbol)	Mode of Payment: (Mark one box by typing X)
Individual <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>
Joint <input type="checkbox"/>	Payroll Deduction <input type="checkbox"/>
Corporate <input type="checkbox"/>	Mobile Money <input type="checkbox"/>
2. Monthly Savings Amount (ZMW):	<input type="text"/>

SECTION C: BANK ACCOUNT DETAILS

Account Name:	<input type="text"/>	Bank Branch:	<input type="text"/>
Account Number:	<input type="text"/>	Sort code:	<input type="text"/>
Bank Name:	<input type="text"/>		

SECTION D: NEXT OF KIN DETAILS

Name:	<input type="text"/>	National ID:	<input type="text"/>
Relationship:	<input type="text"/>		
Contact Number(s):	<input type="text"/>		
Residential Address:	<input type="text"/>		

SECTION E: BENEFICIARY NOMINEE DETAILS

Name: Age:
Relationship: National ID:
Contact Number(s):
Residential Address:

SECTION F: DECLARATION

I, , do hereby apply for membership in the Cooperative and agree to abide by the By-Laws and any amendments thereof and do declare that the information provided is true and accurate to the best of my knowledge. Further, by signing this Membership form I authorize my Employer to deduct and remit any money that is due to ZIHRM Savings and Credit Co-operative Society Limited and nominate the above named beneficiary to receive any sum of money/assets which may be due to me from ZIHRM Savings and Credit Co-operative Society Limited in the event of my demise.

Applicant's Signature: Date:

SECTION G: FOR OFFICIAL USE ONLY

Application Received By:
Date Received:
Membership Number Assigned:
Approved By:
Date Approved:
Stamp
&
Authorized Signature

ZIHRM SACCO BANK DETAILS

Account Name: ZIHRM SACCO
Account No.: 014 104 000 056 0
Bank: Indo Zambia Bank
Branch: Manda hill branch

REQUIREMENTS

Please note that the completed application form should be emailed together with the following:

1. Passport size photo (preferably a "selfie" face photo)
2. National ID (NRC or Passport) - scanned copy
3. Proof of ZIHRM Membership (Receipt or Certificate)
4. Deposit/transfer your K500 one-off joining fee into the account above and provide proof of deposit