



CHILUNGAMO SAVINGS & CREDIT COOPERATIVES LTD MALAWI

Save more, Get more!!

C/O High Court of Malawi, P.O. BOX 30244, Blantyre

+265 01-870255 | +256 999 615 677 | +265 999 940 180

✉ chilungamosaccomw@gmail.com | www.chilungamosaccomw.com | 📍 chilungamosacco Malawi

MEMBERSHIP REGISTRATION FORM

A. APPLICANT'S PARTICULARS

Full Names

Proof of Identification: Passport/Visa Driving License National ID No:

Village T/A District

Address

Residence Town District

Gender: Male Female Marital Status: Single Married Mobile

Highest Qualification

B. EMPLOYEE PARTICULARS

Employer Name Position Station

Payroll No Terms of Employment Permanent Temporary

Date of Employment Address

C. CONTRIBUTIONS DETAILS

Shares in monthly Contribution (MK)

Savings in monthly Contribution (MK)

Effective Date

D. DELEGATED (Next of Kin/ Nominee)

Full Names

Gender : Male Female National ID No:

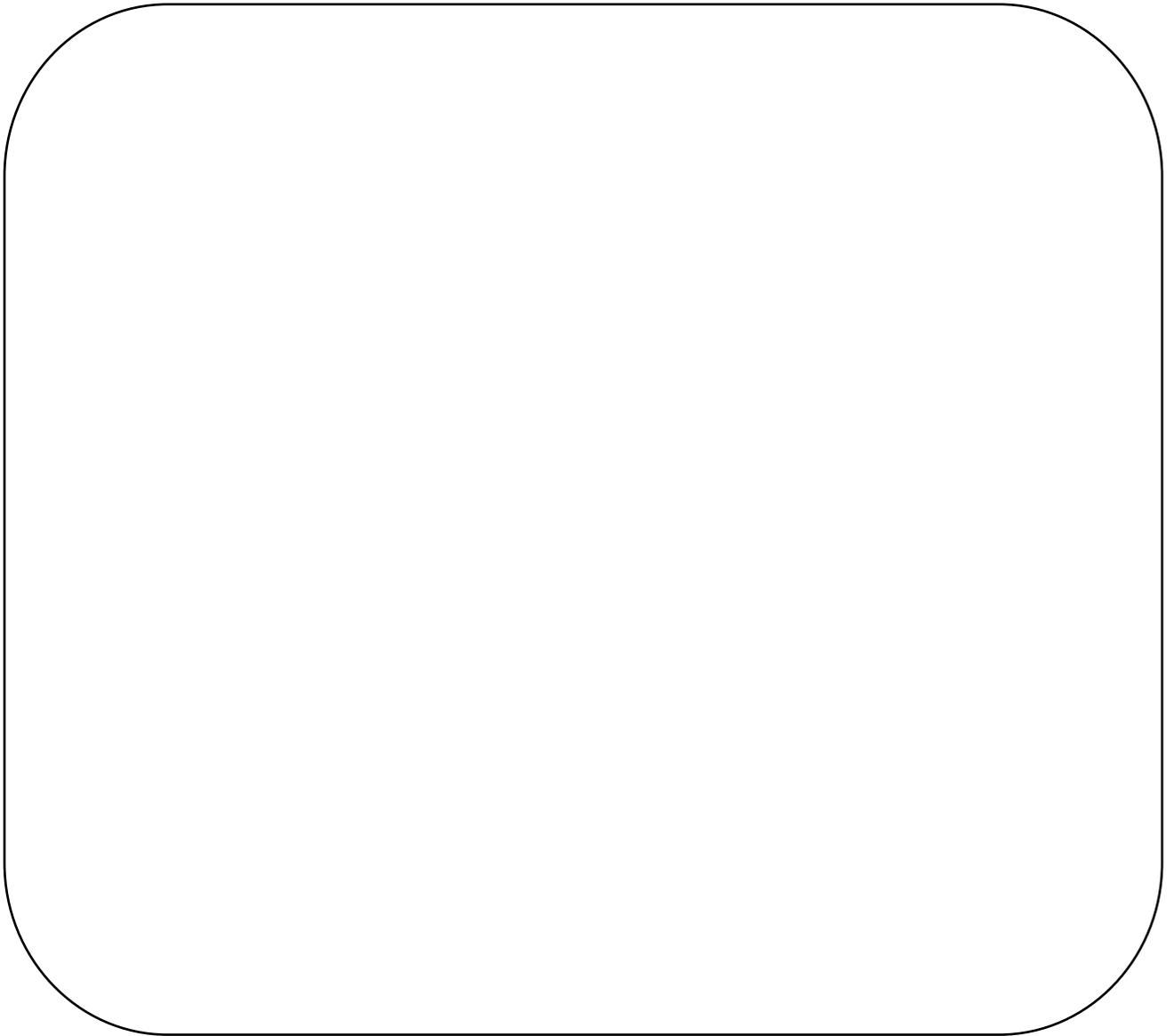
Phones(s)

Full Names

Gender : Male Female National ID No:

Phones(s)

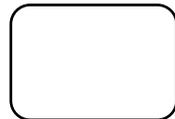
D. SKETCH MAP LOCATION



E. DECLARATION

I confirm that all information given is true and correct. In accepting the membership, I agree to abide by the Constitution of the Chilungamo Sacco Ltd Malawi.

Signature Date of ApplicationFingertip



To be Completed by Official

Checked by Date.....Signature

