



GOD'S TREASURY COOPERATIVE, THRIFT AND CREDIT SOCIETY
 11, Ogunmefun Street, Off Bawala Street, Pedro, Somolu, Lagos State, Nigeria.
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 info@godstreasury.com

MEMBERSHIP NOMINEE FORM

MEMBER'S PASSPORT

PLEASE WRITE YOUR NAME AND SIGN AT THE BACK.

PERSONAL DATA (CONFIDENTIAL)(PLEASE FILL IN BLOCK LETTERS)

Bank Verification No. (BVN): NIN:

Personal Information

Title: Surname:

First Name: Other Name(s):

Marital Status: Single Married Others (please specify) Gender: Male Female

Country of Birth: Date of Birth:
Day Month year

Mother's Maiden Name:

Tax Identification Number:
(if available only)

Nationality: Nigeria Others (Please specify)

L.G.A. of Origin: (Nigerians Only) State of Origin: (Nigerians Only)

Do you have Residency or are you a citizen of any other country other than Nigeria: Yes No if yes, country:

Type of Identification: Identification Number:

Occupation:

Office Address:

Social Media: Facebook Twitter Instagram Others Specify:

Social Media Handle :

Contact Details

Residential Address:

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A.:

State:

Mailing Address:
(if different from the Residential Address)

Mobile No.:

E-mail Address:

Employment Details

Employment Status: Employed Self-Employed Self-Employed unemployed Retired Student

Others
(Please specify)

Date of employment:
Day Month year

Business/Employer's Name:

Business/Employer's Address:

State:

Business/Occupation:

Sources of Fund to the Account:

Please attach a copy of your most recent utility bill as proof of Address, a copy of your recent passport photo and a valid ID

DATE OF ADMISSION INTO THE COOPERATIVE:

Day Month year

Part 2. Spouse Details (Married Only)

Title: Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female
Day Month Year

State of Origin: L.G.A.:

Mobile Number: Email Address:

Bank Verification No. (BVN): NIN:

Residential Address:

State:

Occupation:

Office Address:

State:

SPOUSE'S
PASSPORT

PLEASE WRITE
YOUR SPOUSE'S
NAME AND SIGN
AT THE BACK.

Details of Next of Kin/NOMINEE. must be 18 years and Above

Title: Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female
Day Month Year

Relationship: Mobile No.:

Email Address:

NEXT OF KIN
PASSPORT

PLEASE WRITE
YOUR NEXT OF KIN'S
NAME AND SIGN
AT THE BACK

Contact Details

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A.:

State: Country:

