

E-mail Address:

GOD'S TREASURY COOPERATIVE, THRIFT AND CREDIT SOCIETY

11, Ogunmefun Street, Off Bawala Street, Pedro, Somolu, Lagos State, Nigeria. +2347011871220, +2347066658427

info@godstreasury.com

MEMBERSHIP NOMINEE FORM

MEMBER'S PASSPORT

PERSONAL DATA (CONFIDENTIAL)(PLEASE FILL IN BLOCK LETTERS) Bank Verification No. (BVN): NIN:	PLEASE WRITE YOUR NAME AND SIGN AT THE BACK.
Personal Information	
Title: Surname: Surname:	
First Name: Other Name(s):	
Marital Status: Single Married Others Gender: Ma	ale 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	
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.:	

Employment Details		
Employment Status: Employed Self-Employed Self-Employed unemployed Retired S	Student	
Others (Please specify) Date of		
employment: Day Month Business/Employer's Name:	year	
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: SPOUSE PASSPO		
First Name: PLEASE	WRITE	
Other Name(S):	POUSE'S AND SIGN	
Date of Birth: Gender: Male Female AT THE		
State of Origin: L.G.A.:		
Mobile Number: Email Address:		
Bank Verification No. (BVN):		
Residential Address:		
State:		
Occupation:		
Office Address:		
State:		
Details of Next of Kin/NOMINEE. must be 18 years and Above		
Title: Surname: NEXT OF PASSPOR		
First Name: PLEASE V	PLEASE WRITE	
Other Name(s): YOUR NEX NAME AND	XT OF KIN'S D SIGN	
Date of Birth: Gender: Male Female AT THE BA		
Relationship: Mobile No.:		
Email Address:		
Contact Details		
House/Plot Number: Street Name: Street Name:		
Nearest Bus Stop/Landmark:		
City/Town: L.G.A:		

Details of Next of Kin/NOMINEE. must be 18 years and Above	
Title: Surname: Surname:	NEXT OF KIN PASSPORT
First Name:	PLEASE WRITE YOUR NEXT OF KIN'S
Other Name(s): Gender: Male Female	NAME AND SIGN AT THE BACK
Day Month Year	
Relationship: Mobile No.: Mobile No.:	
Email Address: Contact Details	
House/Plot Number: Street Name:	
Nearest Bus Stop/Landmark:	
State: Country: Country:	
AUTHORIZATION.	
I,, a financial member of the God's Treasury Coop Society, Gbagada, Lagos; hereby authorise, a financial member of the God's Treasury Coop	perative Thrift and Credit,
nominated beneficiary. Only this nominated beneficiary has the sole right to claiming whatever are	nd all that I have as
funds or assets in the GTCS, whether funds in terms of savings, surplus, dividends or shares, or pro	perty.
MEMBER'S LEGAL NAME	
MEMBER'S SIGNATURE	
If you are submitting this form electronically, please check the adjacent box as this, in conjunction	on with your typed name,
represents your signature.	
Day Month year	
FOR OFFICE USE ONLY	
Account Officer's Comment:	
Account Officer's Name: Signature	
Head of Operation's Comment:	ive.
The London Cooperation	,
Ihritt and Credit Cooperativ	e.
Head of Operations' Name: Signature	
Low Risk Medium Risk High Risk	
Low Risk Medium Risk High Risk	
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