



GOD'S TREASURY COOPERATIVE, THRIFT AND CREDIT SOCIETY
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 info@godstreasury.com

MEMBERSHIP SAVINGS ADJUSTMENT

MEMBER'S
 PASSPORT

 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

APPLICATION FOR A CHANGE IN MONTHLYSAVINGS

I hereby state my intention to change my monthly savings. I shall increase/decrease (underline as appropriate) my savings from the month of , 20

Henceforth I shall pay promptly, a total of sum

(amount in figures)

(amount in words)

Thanks.

APPLICANT'S LEGAL NAME

APPLICANT'S SIGNATURE

If you are submitting this form electronically, please check the adjacent box as this, in conjunction with your typed name, represents your signature.

PREVIOUS MONTHLY SAVINGS

(amount in figures)

(amount in words)

TOTAL SAVINGS UP TO DATE

(amount in figures)

(amount in words)

NEW MONTHLY SAVINGS

(amount in figures)

(amount in words)

DATE OF ADMISSION INTO THE COOPERATIVE

Day Month year

FOR OFFICE USE ONLY

DATE OF SUBMISSION _____ (DATE FORMAT DD/MM/YYYY)

Account Officer's Comment:

Signature

Head of Operation's Comment:

Signature

Low Risk

Medium Risk

High Risk

Account Officer's Name:

Signature & Date:

Head of Operations' Name:

Signature & Date:

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