

THE GOD'S TREASURY COOPERATIVE THRIFT AND CREDIT SOCIETY



# APPLICATION FORM

Please fill in block letters. Characters and marks should be similar in style to the following:  A  B  C

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

Please affix passport photo

**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)

Bank Verification No. (BVN):  NIN:

Nationality: Nigeria  Others  (Please specify)

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

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:

## 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:

## Contact Details

House/Plot Number:  Street Name:

Nearest Bus Stop/Landmark:

City/Town:  L.G.A:

State:  Country:

## Application

1. I hereby apply as a financial member of the god's treasury cooperative thrift and credit society. every month, I remain a member, I shall pay promptly, a total of sum \_\_\_\_\_ (amount in figures) \_\_\_\_\_ (amount in words). I shall notify the leadership of this society should i want to increase or decrease my monthly savings, and this I will do following due process.
2. I agree to the terms and condition of the bye laws of the cooperative. I promise to do my best to move this society forward.I promise to relate in integrity in every transaction I do with the cooperative as a member.
- 3.Whenever I decide to terminate my membership for any reason, I shall do so with a written application and such application should be addressed according to the bye laws of this cooperative
- 4.I consent to the use of my personal information by the GTCS, as a member this information might involve my images, personal image or image in group under the provision of the GTCS by laws.This includes the need to use information while i am no longer a member of the GTCS. This use does not forfeit my rights to privacy in anyway, only within the specific guidelines relating to my duties and responsibility as a part of this cooperative.
- 5.I consent that i have been advised that being a member of the social media platform of the GTCS, (e.g., whatsapp) and having a chequing account are conditions of membership. the GTCS may send me information electronically, via my email, mobile phone, or my social media handles.
6. If a fraudulent activity is associated with the operation of my account, I agree that GTCS has the right to apply restrictions to my account and report to appropriate law enforcement agencies.
7. I have received / downloaded a copy of the GTCS bylaws. I will conscientiously and good faith observe the provisions of this by laws.
8. A breach of this bylaws and GTCS policies may result in legal action, including termination of membership and/or one of other various roles and entities designated under this policy.
9. I have answered the questions and made the disclosures, acknowledgments, and agreement above truthfully, in good faith and without reservation.
10. I will update the information and disclosures made herein on an ongoing basis , as I become aware of new or additional relevant information.

11. I agree to protect and fully indemnify the bank against all claims, liability, damages, expenses and cost, including but not limited to the cost of litigation of any third party claims arising from my/our operating any account with the Bank. Pursuant to my/our aforesaid indemnify, we whereby authorise the Bank to debit my/our account with the value of any such claims, liability, damages, expenses cost arising from my and cost arising from my/our operating any account with the Bank.

## BANKING DETAILS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1				
2				
3				
4				

## CONFIRMATION OF PENDING LITIGATION

Kindly indicate if there is any pending criminal of civil litigation in which you are a party to: Yes  No  Abstain

If yes, provide details \_\_\_\_\_  
\_\_\_\_\_

## DECLARATION

I declare that all the information given above, to the best of my knowledge, is true and nothing but the truth.

APPLICANT'S LEGAL NAME \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

We take your privacy seriously and only process your personal information to make your experience better. In accordance with NDPR, GDPR and other applicable regulations, signing below indicates your consent to the processing of your personal data by **The God's Treasury Cooperative, Thrift & Credit Society, (also referred to as "GTCS" in this form)**, its subsidiaries and partners as detailed in our privacy policy.

\_\_\_\_\_  
Signature

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Day

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Month

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Year

Customer Category: Referred  Non-referred  Please fill the existing member reference section below, if applicable

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## EXISTING MEMBER REFEREE, IF APPLICABLE

Date: 

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Day Month Year

Name of Referee: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date joined the GTCS: \_\_\_\_\_

Referee's Signature \_\_\_\_\_

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

**AFFIDAVIT.** This is applicable where this form is filled by a third party on behalf of the intending member. In this case, the form **MUST** be read to the intending member.

I agree to abide by the content of this agreement and acknowledge that it has been and truly and audibly read over, explained and interpreted and understood by me before appending my thumb print.

Mark of Customer /  
Thumbprint:

Magistrate /  
Commissioner for Oaths:

  
Day  
Month  
Year

Name of Interpreter:

## FOR OFFICE USE ONLY

Low Risk

Medium Risk

High Risk

A/C Opened by: Name:

Signature: \_\_\_\_\_ Date:

Approved by: Name:

Signature: \_\_\_\_\_ Date:

[info@godstreasury.com](mailto:info@godstreasury.com)

[www.godstreasury.com](http://www.godstreasury.com)