

APPLICATION FOR MEMBERSHIP

To the Secretary

I, the undersigned do hereby apply to be enrolled as a member of the Postal Employees Co-operative Credit Union Ltd. and undertake to abide by the rules, regulations and bye-laws of the society.

SURNAME (MR/MRS/MISS)..... NIC NUMBER

OTHER NAMES..... AGE

ADDRESS TEL No

..... EMAIL

OCCUPATION EMPLOYER.....

OCCUPATIONAL ADDRESS.....

Recommended by: (1) Relationship*.....

*Note: Non-Postal Employees should be recommended either by Mother, Father or Spouse to be eligible. Plse state relationship above.

Nominees/Beneficiaries

1. NAMES.....RELATIONSHIP.....

ADDRESS.....NIC NUMBER.....

2. NAMES.....RELATIONSHIP.....

ADDRESS..... NIC NUMBER.....

3. NAMES.....RELATIONSHIP.....

ADDRESS.....NIC NUMBER.....

I hereby certify that the particulars as given above are true and correct.

Date.....

Signature of applicant



mypeccu@yahoo.com



464 1346



5761 8092