MEMBERSHIP APPLICATION FORM

LIGHTHOUSE SACCO
Creating wealth for a better tomorrow
LIGHTHOUSE SAVINGS & CREDIT COOPERATIVE LIMITED

+265 997-281-823
+265 993-994-445
sacco@lighthouse.org.mw
C/O Lighthouse Trust
P.O Box 106
Lilongwe, Malawi

PLEASE FILL-IN THE BOXES
USING BLOCK LETTERS ONLY

Surname _____ First Name _____

Mailing Address _____ Contact No. _____

Village Headman / Chief (T/A) _____ District _____

Birth Date (or year) / / _____ Sex (M/F) _____ Highest Education _____

Organisation _____ Payroll Number _____ Occupation(Job Title) _____

Father's Name & Chiwongo _____ Husband's/Wife's Name & Chiwongo _____

Beneficiary _____

MONTHLY CONTRIBUTIONS

Type Of ID _____ ID No _____

Redeemable Shares	Savings Account	Total
MWK	MWK	MWK

ENTRY FEE: MWK 4000 Paid Only Once.

I hereby make Application for Membership and agreed to Conform to the By-Laws and Any Amendment thereof.

Signature of Applicant (Thumbprint) _____

OFFICIAL USE ONLY.

Date of Admission _____

Affordable ☐ Yes ☐ No

Customer ID: _____

Signature of Admission Officer(Thumbprint) _____