



ADVENTIST HERITAGE CO-OPERATIVE FUND LIMITED

**DENOMINATIONAL
WORKERS**

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WORKERS**

- 2 YEARS 3 YEARS
 5 YEARS AND MORE

NAME:.....
(IN BLOCK LETTERS)

MAILING ADDRESS:.....

DATE OF BIRTH:..... PLACE OF BIRTH:.....

HOME TOWN:..... WHICH S.D.A. CHURCH:.....

DATE OF EMPLOYMENT:.....

CURRENT PLACE OF WORK (FIELD/INSTITUTION):.....

CONFERENCE / MISSION:.....

DISTRICT:.....

I hereby apply for membership in the Ghana Adventist Heritage Fund and agree to be bound by the rules and regulations of the fund. I understand that this product under no circumstance will qualify for a loan.

I promise to save at least GH¢.....every month.

Minimum of GHC 200.00

Enclosed herewith my registration fee of GH¢.....
(Fee is GHC 10.00)

..... Email Address.....
Signature/Thumbprint

..... Tel:.....
Date

NOMINEE(S)/NEXT OF KIN

In case of my death, I desire that my entire savings and benefit be paid to the person(s) names below:

1. NAME:..... RELATIONSHIP:.....

ADDRESS:.....

2. NAME:..... RELATIONSHIP:.....

ADDRESS:.....

WITNESSED BY:.....
(FULL NAME)

ADDRESS:.....

OCCUPATION:.....

.....
Signature/Thumbprint of Witness

FOR OFFICE USE ONLY:

PROCESSED BY:.....

POSITION:.....

DATE:.....