

GAMBIA TEACHERS UNION CO-OPERATIVE CREDIT UNION

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OFFSPRING MEMBERSHIP APPLICATION FORM

Attach Passport Size Photo

Name:	Surname
Date of Birth	Birth Cert. No
Email	Telephone
Residential Address	Trustee/guidance
Source of income: Self	Parent Others
	In words :
PARENT	
Name	Surname
Permanent Address	National ID
Email Address	Telephone
Parent school/ Institution	Employment Number
<u>*</u>	FUCCU to deduct from my salary sum of GMD monthly as savings for my offspring (s)
Signature of the beneficiary	Signature of the parent
Date	Date

Please attach a photocopy of the parent identity card and the child's birth certificate.