

FEDERAL ROAD SAFETY CORPS
SULEJA STAFF COOPERATIVE THRIFT AND LOAN SOCIETY
(FSS-CTLS)
RS7.22SULEJA

THE PRESIDENT,
FSS-CTLS SULEJA
RS7.22 SULEJA
NIGER STATE.

REGISTRATION FORM

Note: All fields must be filled

1. I.....(Rank)..... (PIN).....of.....
(Surname first) (Command)

Hereby willingly apply to be a financial member of **FRSC SULEJA STAFF COOPERATIVE THRIFT AND LOAN SOCIETY (FSS-CTLS)**

2. By this form, I am requesting that the sum of (Amount in words)..... (~~N~~.....) be deducted from my salary account as my monthly contribution to FSS-CTLS with effect from..... 20.....

3. However, I hereby authorize my bank to LIEN my account with the following particulars in accordance with the attached monthly schedule and remit same in favour of the Society:

BankAccount Name.....Account Number.....

Phone No:..... E-mail address(FRSC official mail).....

NOTE: I shall be responsible for the charges incurred during the cause of transaction

4. **NEXT OF KIN:**

- a) Name:
- b) Address:
- c) Relationship:
- d) Phone No:

5. Applicant's Signature: Date:

FOR OFFICIAL USE ONLY

Secretary's comment:

Date / Signature:

President's comment:

Date/ Signature: