



**BROWNFIELD PORT HARCOURT MULTI-PURPOSE COOPERATIVE SOCIETY
LIMITED**

BFMCS

REGISTRATION FORM

Name: ☐ Mr. ☐ Mrs. ☐ Miss

Full Name (Surname First).....

Date of Birth.....Gender ☐ Male ☐ Female

Nationality.....State of Origin.....

Civil Status.....Gender ☐ Married ☐ Single ☐ Others

Home Address:.....

LGA:..... State.....

Email Address.....Phone Number.....

Name of Employer.....

Employee Address.....

Position Designation.....

UNDERTAKING

I, Mr./Mrs./Miss.....hereby
submit and certify that statement provided by me in this application are true and
correct to the best of my knowledge and belief and I hereby authorize that

#..... (in word).....

Be deducted from salary monthly by (Employer Name).....

.....starting from Month..... year.....) and

paid into **Brownfield Port Harcourt multi-purpose Cooperative Society**

Limited account.

Applicant Name, Signature & Date.....

Recommended for Approval

Membership Number.....

Secretary Sign & Date.....

President Sign & Date.....

(NOTE : Registration attracts one off fees of N2,000 only)