MAURITIUS COOPERATIVE SAVINGS
AND CREDIT LEAGUE LIMITED
(MACOSCLE)

APPLICATION FOR AFFILIATION

NAME OF CREDIT UNION: - ……

ADDRESS OF CREDIT UNION: - ……

TELEPHONE/FAX NO: - ……

DATE OF REGISTRATION: - ……

NAME OF PRESIDENT: - ……

ADDRESS OF PRESIDENT: - ……

TELEPHONE NO: - ……

NAME OF SECRETARY: - ……

ADDRESS OF SECRETARY: - ……

TELEPHONE NO: - ……

NAME OF TREASURER: - ……

ADDRESS OF TREASURER: - ……

TELEPHONE NO: - ……

NO. OF MEMBERS AS AT DATE OF APPLICATION: - ……

NO. OF MEMBERS UNDER 75 YEARS AS AT DATE OF APPLICATION: - ……

TOTAL OF SAVINGS/SHARES AS AT DATE OF APPLICATION: - Rs ……

OUTSTANDING LOANS AS AT DATE OF APPLICATION: - Rs ……

We, the undersigned President, Secretary and Treasurer of the …… Cooperative Credit Union, having duly been authorized at a General Meeting of our Credit Union held on …… do hereby accept to join the MACOSCLE and do declare that our Credit Union will abide by its Bye-Laws and regulations.

……	……	……
PRESIDENT	SECRETARY	TREASURER

DATE …… SEAL OF SOCIETY ……

FOR OFFICE USE

DATE RECEIVED: - ……

DATE APPROVED BY BOARD OF DIRECTORS: - ……

……	……	……
PRESIDENT	SECRETARY	TREASURER

DATE RATIFIED BY A.G.M. ……

P.O BOX 519, PORT LOUIS – MAURITIUS. TEL. (230) 463 7623– FAX (230) 463 7624
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