JUDICIAL SERVICE

STAFF CO-OPERATIVE FUND

JUSCOFund
...your fund for life!

Powered by JUSAG

INDIVIDUAL MEMBERSHIP FORM

"Savings can be created by spending less. You can spend less if you desire less. And you will desire less if you care less about what others think of you" – Morgan Housel

FULL NAME:_____

CONTACT:_____

Share A/c No._____

Savings A/c No._____

Other A/c No.:_____

P. O. Box 119, Accra. Email: juscofund@gmail.com
Visit: www.juscofund.org Tel: 024-042-3100 or 054-234-2411
Loc: Supreme Court Building, Atta Mills High Street, Accra

Membership type: JUSAG ☐ Other (Specify) ☐_____

Bio-Data

Surname:_____

Other Name(s)_____

Date of Birth:____/____/_____. Gender (M/F)_____

Ghana Card No._____

Other National ID Type & No. (If any)_____

Address

Contact No.:_____

Email:_____

Full Postal Address:_____

_____

_____

Digital Address/House No.:_____

Nearest Land Mark/Area:_____

Town:_____Region:_____

Nationality:_____

Employment Information

Employer:_____

Employer's Address:_____

_____

Rank/Position/Job Title_____

Unit:_____Location (Town)_____

Region:_____Contact:_____

Marital Data

Marital Status: Single ☐ Married ☐ Other (specify)_____

Name of Spouse:_____

Date of birth:_____Contact:_____

Next of Kin

Name of Next of Kin:_____

Date of birth:_____

Relationship to applicant_____

Contact No.:_____

Beneficiaries in an event of death

N	Name of Beneficiary	Date of Birth	Relation	% share
1.				
2.				
3.				
4.				
5.				
6.				
7				
Sum of % shares to beneficiaries must not exceed 100%				

Share & Savings Information

Shares

Amount of shares purchased: Ghs _____ : _____P

Mode of Payment:_____Receipt No.:_____

Savings

Monthly savings: Ghs_____ : _____P per month

Mode of Deduction:

CAGD ☐ Mandate No.:_____Staff ID_____

Bank Standing Order ☐ Name of Bank:_____

Provide Standing Order from your banker:_____

A/c No.:_____Branch:_____

[Please attach standing order from your bank]

Declaration by Applicant

I, _____

(Name of Applicant) hereby declare that the information provided above me in this form are true, correct and accurate about me. I hereby voluntarily agree to be admitted as a member of the JUSCOFund.

I hereby further pledged to abide by the Bye-Laws, policies and rules governing my membership and operation of the Fund, and agree to submit for any appropriate penalty for violation of the Bye-laws, policies and rules of the Fund.

_____ _____

Signature of Applicant Date

For Official Use Only

_____

_____

Signature:_____ Date_____