



**NIGERIA UNION OF TEACHERS
FCT WING, ABUJA.
MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.**

Affix
3 Recent
Passport

FCT Teachers House, after Sharia Court of Appeal,
Along Dukpa Road, P. O Box 21, G/lada, Abuja.

FORM ABJTC 01

Website-nutfctcoop.com Contact: 07057457420, 08032731070,080603232290 Email-nutfctcoop@yahoo.com.

Sch./Office Name:.....

DEPARTMENT:.....

NUT BRANCH:.....

DATE:

The Coop. Secretary,
NUT-FCT Wing Multipurpose Cooperative Society Ltd,
Abuja.

Dear Sir/Madam,

**APPLICATION FOR MEMBERSHIP OF NUT-FCT WING
MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.**

Please enroll me as a member of Nigeria Union of Teachers FCT Wing Multipurpose
Co-operative Society Ltd. Following are my personal data:

SECTION 'A'

Surname: Other Names: /
(Middle Name)

Office File No: Bank: A/c No: Sort Code:

Status: / / /
Rank SGL/Step Date of 1st Appmt Likely Date of Retirement

Address:(Office).....
(Residential).....

State of Origin..... LGA..... Place of Birth..... Date of Birth.../.../.....

Sex..... Marital Status..... Name of Spouse.....

NB: That your Entrance fee is **₦1,000.00** in Cash on collection of the form.
The passport attached should have your **NAME** written at the back of it.

Yours Faithfully,

Signature:

Name:

NB: Please attach a copy of your salary pay slip to this form before submission.

NIGERIA UNION OF TEACHERS

FCT WING, ABUJA.

FORMABJTC 02

MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.

FCT Teachers House, af.ter Sharia Court of Appeal,
Along Dukpa Road, P. O Box 21, G/lada, Abuja.

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Sch./Office Name:.....

DEPARTMENT:.....

NUT BRANCH:.....

DATE:

.....
.....
.....
.....
.....

Address of Employer (i.e. where member salary is paid)

Dear Sir/Madam,

AUTHORITY TO OPERATE A CHECK-OFF SYSTEM ON MY MONTHLY SALARY IN FAVOUR OF NUT-FCT WING MULTI-PURPOSE CO-OPERATIVE SOCIETY LTD, ABUJA.

I, Mr/Mrs/Miss/Dr/Chief:
ofDepartment, hereby authorize you to
deduct the sum of ₦ (.....)

Minimum of ₦ 1,000.00

Amount in words

from my salary as Monthly Saving to the society in compliance with the byelaws.

Please let this request take effect from
..... 202..... GSM No:.....

Thanks for your co-operation.

NB: Savings is reviewable only at the end of the financial year and to be effected in January.

Yours Faithfully,

Signature:

Name:

Office File No:.....

Banker:A/c No:.....

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FORM ABJTC 03

NEXT-OF-KIN FORM

A. COOPERATOR'S INFORMATION

Name:.....

Home Add.:..... 3.Rank:

School Add:.....

Office File No:.....Coop Reg. No:..... 8. Marital Status:

Signature: Date:

B. NEXT-OF-KIN'S INFORMATION

Particulars of next-of-kin (i.e. the person who, in the event of need becomes entitled to claim your rights from the Society) No. 1 Next of Kin *GSM No:*.....*if any.*

S/NO.	NAME	RELATIONSHIP	ADDRESS
1./...../...../.....
2./...../...../.....
3./...../...../.....
4./...../...../.....

Affix
NOK
Recent
Paspt

Affix
NOK
Recent
Paspt

Affix
NOK
Recent
Paspt

Affix
NOK
Recent
Paspt

OFFICE USE ONLY

Checked by COOP. SECRETARY.....

Signature and Date

COOP.PRESIDENT COOP.TREASURER.....

(Signature / Date)

(Signature / Date)