

RESTRICTED



NIGERIAN DEFENCE ACADEMY CIVILIAN STAFF

MULTI-PURPOSE COOPERATIVE SOCIETY (NDACSMCS) MEMBERSHIP APPLICATION FORM



1. Name: _____
2. Dept: _____
3. Rank: _____ Staff File No: _____
4. Tel. No: _____ Email: _____
5. Date of Birth: _____ Contract Staff Permanent Staff Snr. Staff Jnr. Staff

6. NEXT OF KIN:
- A. Name: _____
- B. Address: _____
- C. Occupation: _____

7. AUTHORISATION:
I hereby authorize the deduction of
monthly from my salary, as my monthly contribution until further notice.

8. NAME OF BANK _____
- Acct. No: _____ PIN No: _____

9. DECLARATION: I hereby undertake to abide by the rules and regulations of
I hereby undertake to abide by the rules and regulations of

.....
Applicant's Signature Date

10. HOD'S IDENTIFICATION:
I hereby identify the applicant. He/She is Recommended/Not Recommended

.....
HOD's Signature & Stamp Date

10. APPROVAL: Approved Not Approved
-
Chairman's Signature Date

NOTE: Attach Photocopies of (1) Appointment (2) Current Payslip
*CC DOF, Kindly effect deductions.

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