KWABRE AREA COMMUNITY BANK PLC

Existing Membership / Share Application Form

INDIVIDUAL

PHOTO
Applicant

Shareholder Number _____

PERSONAL DETAILS

Full Name _____

Postal Address _____

Residential Address _____ **GPS Address** _____

Telephone _____ **Ghana Card No.** _____

E-mail Address _____

SHARE APPLICATION

Number of shares applied for (in words) _____

_____ **In figures** _____

Amount payable (in words) _____

_____ **GHS** _____

Amount paid (in words) _____

_____ **GHS** _____

DECLARATION

I confirm that the information provided on this form is true and complete.

Signature of Member _____ **Date** _____

FOR OFFICIAL USE ONLY

Number of shares allotted (in words) _____

_____ **In figures** _____

Amount received (in words) _____

_____ **GHS** _____

Application processed by

Name _____

Designation _____

Signature _____ **Date** _____

Approved by

Name _____

Designation _____

Signature _____ **Date** _____