

REGISTRATION FORM

SPONSOR NUMBER

SPNOSOR NAME

NAME

PHONE NUMBER

ID TYPE

ID NUMBER

DATE OF BIRTH

RESIDENTIAL ADDRESS

OCCUPATION

HOME TOWN

NEXT OF KIN

ADDRESS OF NEXT OF KIN

PHONE NUMBER OF NEXT OF KIN

DECLARATION

I certify that I am an adult and hereby accept the terms and conditions of use of the SIKAPA CREDIT UNION website and the online banking platform.

SIGNATURE