



Bismillahir-Rahmanir-Raheem
IMAN TRUST
 NON INTEREST COOPERATIVE SOCIETY
 A SUBSIDIARY OF IMAN, UITH, ILORIN

MEMBERSHIP IDENTIFICATION FORM

Information provided will be used for I.D. Card
 This form is provided free of charge



AFFIX
 PASSPORT
 PHOTOGRAPH
 HERE

The IMAN TRUST BOARD may take decision on your membership status based on information contained here without interviewing you. Therefore, fill this form carefully and complete all questions. Your application will be automatically refused and you may be banned from all membership privileges if you use false document(s), lie or withhold relevant information.

Part 1 About You

1.1 Given Name 1.2 Family Name

1.3 Other Names 1.4 Sex Male Female 1.5 Religion

1.6 Marital Status Single Married Divorced Widow No of Children Maiden Name

1.7 Date of Birth DD MM YYYY 1.8 Tribe 1.9 State of Origin 1.10 Nationality

Part 2 Employment Detail

2.1 Date of employment DD MM YYYY 2.2 What is your work address?

2.3 File Number

2.4 Department 2.5 Unit 2.6 Current Duty Post 2.7 Rank 2.8 Salary Grade Level

Part 3 Contact Detail

3.1 Full residential address & Postal code

3.2 Telephone Number 3.3 Signature

3.4 E-mail Address

Part 4 Next of Kin

In case of incapacitation or death, My asset/liability should be transferred to the underlisted or distributed according to Shari'ah guidelines

4.1 Name and address

4.2 Telephone Number 4.3 Signature

4.4 E-mail Address

Part 5 Surety

To be filled by Applicant's H.O.D

This application is supported by me _____

Address _____

Comment _____ Signature/Date _____

Part 6 Attestation

I _____ do hereby certify that all the information provided above are true and correct. If found otherwise, my membership privilege should be withdrawn without notice.

Applicant's signature

* If you run out of space, please use additional information sheet.