



Medical and health services cooperative credit unions

Kanifing Institutional Area – KMC, The Gambia, West Africa
Tel: +220 422 11 95 / 992 48 79 Web: <https://www.mhscu.com>
Email: admin@mhscu.com / info@mhscu.com

GROUP ACCOUNT APPLICATION FORM

For Use by Registered Groups, Associations, Institutions & Cooperatives

GROUP DETAILS

Name of Group/Organisation: _____

Registration Number (if applicable): _____

Type of Group: Association Organisation Joint Account

Date of Establishment: _____ Purpose/Objective of Group: _____

Postal Address: _____ Physical Address: _____

Email Address: _____ Telephone Number: _____

Primary Contact Person: _____ **Position:** _____

Phone: _____ **Email:** _____

SIGNATORIES & IDENTIFICATION

| Full Name | Position | ID Type & Number | Phone Number | Signature | Passport Photo |
|-----------|----------|------------------|--------------|-----------|----------------|
| i. | | | | | |
| ii. | | | | | |
| iii. | | | | | |
| iv. | | | | | |

Operating Mandate:

Any one to sign Any two to sign All to sign Other: _____

REQUIRED DOCUMENTS

- Copy of Group Constitution or By-laws ID copies of all signatories
- Certificate of Registration (if applicable) Passport-sized photographs of all signatories
- Minutes of Meeting authorizing account opening Proof of group's address

DECLARATION

We, the undersigned, declare that the information given is true and complete. We authorise Medical and Health Services Cooperative Credit Union (MHSCCU) to open a group account in our name and agree to abide by the terms and conditions of membership.

| Name | Position | Signature | Date |
|------|----------|-----------|------|
| i. | | | |
| ii. | | | |
| iii. | | | |
| iv | | | |

PARENT INSTITUTION

Endorse by :..... Position:.....

Signature.....Date...../...../.....

FOR OFFICIAL USE ONLY

Account Number: _____ Date Opened: _____

Processed By: _____ Verified By: _____

Comments: _____

Approved by: _____