



APPLICATION FOR MEMBERSHIP

PART 1

I, the undersigned
do hereby apply to be enrolled as a member of the
..... Society and undertake to abide
by the rules, regulations and by laws of the Society.

PART 11 - (application to Societies of unlimited liability only)

I declare that I am not a member of any other Co-operative
Society of which the liability is unlimited.

Date Signature

Recommended by: 1
2

Name in full
Address
Age Occupation
Number of shares required
Number of Nominee or Nominees
Address of Nominee or Nominees

Date

MEMBERS DECLARATION FORM

I..... the undersigned, hereby
declare that:

- A. I am not a registered member of any other Cooperative Credit Union.
- B. I am being registered in this Cooperative Society for the 1st time.

Signature

Name of Officer concerned

MINISTRY OF HEALTH EMPLOYEES MULTI PURPOSE
COOPERATIVE SOCIETY LTD (Reg. No 826)
2nd Floor Mystic Complex Royal Road Candos
Tel. No.425-3019 Fax No. 425-6577

AUTHORITY FOR DEDUCTION FROM SALARY/PENSION AS REGARD SHARES
CONTRIBUTION AND REPAYMENT OF LOAN

I, Mr/Mrs/Miss.....hereby
authorize my Employer/Ex-employer/Accountant General to deduct from my salary/pension the sum of
Rupees.....
every month with immediate effect and subsequently on each successive pay day until further notice and
transmit the sum to the Secretary of the Ministry of Health Employees Multipurpose Cooperative
Society Limited at 2nd floor, Mystic Complex, Royal Road, Candos.

Note: All previous check off to be cancelled

CONDITIONS

In consideration of the said Employer/Ex-employer/Government of Mauritius, deducting the sum
referred to above from my salary/pension and paying same to the above society on my behalf, I agree
that:

1. The deductions authorized by the agreement shall continue until the termination or revocation
hereof is approved by the secretary of the above mentioned Society.
2. On the termination of my employment with the Government of Mauritius or on my retirement
before my loans from the said society have been fully paid, on the latter's request the total debt
in capital and interest should be repaid to the said society from the monies to which I shall be
entitled as lump sum or otherwise.
3. The revocation Notice of this present Agreement, requesting the Employer to stop crediting any
sum on behalf of the member in the society's account, shall only be valid if it is duly signed by
both the member and the society.

SURNAME.....

NAME..... TEL NO.....

HOME ADDRESS.....

I.D NO..... PAYSITE CODE

OCCUPATION.....

OCCUPATIONAL ADDRESS.....

DATE..... SIGNATURE.....

SIGNATURE OF RECEIVING CLERK.....

NAME OF RECEIVING CLERK DATE.....