



**WITHDRAWAL OF MEMBERSHIP FORM**

**Name**.....

**Staff no**..... **Membership no**.....

**Account name**.....

**Account number**.....

**Bank**.....

**Sign & Date**.....

**For official use**

**Amount contributed till date**.....

**Loan balance (if any)**.....

**2.5%**..... **Balance payable**.....

**Note: Please submit your membership identity card with this form**



**INCREASE /REDUCTION OF MONTHLY CONTRIBUTIONS**

**Member name.....**

**Staff no..... Membership no.....**

**Previous contribution.....propose contribution.....**

**Effective month..... Sign/date.....**

**For Official use**

**Monthly deduction.....**

**Loan deduction.....**

**Land deduction.....**

**Total deduction.....**



**CONSUMER REQUEST FORM**

**Terms and Conditions**

**Members should have spent six month with the cooperative**

**Members should have 50%-70% of the total cost of items as savings; initial deposit of 30% is required. It should be paid into Lirscooperative Multipurpose Society 0018462637 stanbic ibtc before the transactions is approved.**

**Copy of recent pay slip, evidence of 30% initial deposit.**

**Name ..... membership No.....**

**Phone No..... Staff No..... Sign&Date.....**

**Product Name..... model No..... cost .....**

**Product Name..... model No..... cost .....**

**Cost of product.....**

**Loan deduction.....**

**5%.....**

**land deduction.....**

**Total cost.....**

**Monthly deduction.....**

**30% initial deposit.....**

**Total deduction.....**

**Payable balance.....**

**Repayment period 3 Month ( ) 6 Month ( ) 9 Month ( )**

**Means of repayment Account deduction ( )**

**cheque ( )**

**Account approval .....**

**Business committee approval.....**

**President payment approval.....**



**LAGOS STATE INTERNAL REVENUE SERVICE  
COOPERATIVE MULTIPURPOSE SOCIETY LTD  
GOOD SHEPHERD BUILDING, OPPOSITE ALAUSA GATE**



**MEMBERSHIP FORM**

LIRSCOOP/..... STAFF NO LIRS/.....

Name: .....

MINISTRY/AGENCY.....

RESIDENTIAL ADDRESS.....

EXPECTED AMOUNT..... START MONTH.....

PHONE NUMBER..... E-MAIL .....

SIGNATURE OF APPLICANT..... DATE.....

NEXT OF KIN

NAME.....

ADDRESS.....

PHONE NO.....

RELATIONSHIP.....

**NOTE: TWO PASSPORT SHOULD BE SUBMITTED WITH THIS FORM WITH FULL NAME AND SIGNATURE AT THE BACK**

**1,000.00 WILL BE DEDUCTED FOR ADMINISTRATION FEE FROM SAVINGS.**