

UCH CHRISTIAN WELFARE

Motto: SERVICE WITH LOVE



SELLY COLLEGE	6
	SPITAL
	9
BADAN	

IPPIS Number		
Name of applicant:		
11	(Surname)	(Other names) (In Block letters)
Date of Birth:(Day)	(Month)	(Year) Marital Status:
Date of first Appointm	ent:(Day) (M	Ionth) (Year) Home Address (Permanent):
Grade level of applicar	nt:	Department:
E-Mail address	• • • • • • • • • • • • • • • • • • • •	Phone No:
Religion:		Denomination / Church:
Recommended by:		Signature:
Declaration I hereby apply for mother the constitution of the		ne above named society and agreed to be bound by
I have decided to start:	regular monthly s	saving of N
I agreed to pay a non-re Account Name: UCH (-	ration fee of N2, 000 to Bank: FBN; Account No: 3139936448;
IPPIS Number:		Signature: Date:
		Next of kin
Name:		
Home Address (Perman	nent):	Phone No:
		Official use
Approved by:	Si	ignature: Membership No