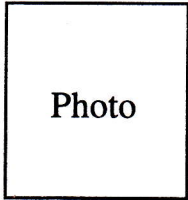




# ATHAROGRAM CO-OPERATIVE CREDIT UNION LIMITED

Church Community Center, 9, Tejkunipara, Tejgaon  
Dhaka-1215, Phone : 9129785



## APPLICATION FOR MEMBERSHIP OF CHILDREN SAVINGS

01. Name : .....
02. Date of Birth : ..... Age : ..... School Going  Non School Going
03. Name of the Account Operator :  
(A) Father's Name : ..... A/C No : .....  
(A) Mother's Name : ..... A/C No : .....
04. Permanent Address of the Father/Mother :  
Parish : ..... Village (Including Baree) : .....  
P.O. : ..... Thana : ..... District : .....
05. Present Address of the Father/Mother :  
Parish : ..... Others : .....
06. Occupation of the Father/Mother :  
Father : ..... Mother : .....  
Name and Address of the Employer :  
(1) Father : .....  
(2) Mother : .....
07. Signature of the Account operator/Applicants : (1) .....  
(2) .....
08. Specimen Signature of the Account operator :  
(1) ..... (2) .....  
(3) ..... (4) .....
09. Special Instructions : .....

### FOR OFFICE USE ONLY

Approved by the Board of Director's Meeting on .....

Signature of the Secretary : ..... Membership No. ....

Remarks : .....

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