

Ordinary Member
Application
Form
For 2023

**AGRICULTURAL AND COMMERCIAL
COOPERATIVE SOCIETY OF ZAMBIA**



K50.00 non-refundable application fee

DISCLAIMER: The information provided by each member is confidential and will be used for Administrative purposes only.

MR/MRS/MS/MISS/DR (please circle where applicable)	SURNAME	FIRST NAME	OTHER NAMES
RESIDENTIAL ADDRESS:		COUNTRY:	
POSTAL ADDRESS:		TOWN:	
MOBILE:		DATE OF BIRTH:	
EMAIL ADDRESS:		NATIONALITY:	
OCCUPATION		Please attach profile	
SHAREHOLDING INFORMATION			
<ul style="list-style-type: none"> ▪ Number of shares to be subscribed for at ZMW50.00 per share per person ▪ Shares amount ▪ At least a minimum of 10 shares per person ▪ Brief narrative profile should be attached 			
I certify that the information provided in this application is correct. On becoming a member, I agree to conform to the By-Laws and amendments thereto of the ACSZ, use its services faithfully and be loyal to the members.			
APPLICANTS SIGNATURE:		DATE:	
PROPOSED BY: Full Names Telephone (Mobile)		SECONDED BY: Full Names Telephone (Mobile)	
OFFICE USE ONLY			
Membership number:-----			
MEMBERSHIP LIASON COMMITTEE COMMENTS			
COMMENTS OF THE BOARD			
SOCIETY PRESIDENT:			

Note: Attach Curriculum Vitae using the format hereto attached.



SUMMARY CV FOR APPLICATION TO ACSZ MEMBERSHIP

APPLICATION FOR MEMBERSHIP

1. APPLICANTS DETAILS:-

- a) Applicant's full Name: _____
- b) National Registration Card No/I.D _____
- c) Cell Number _____ Email address _____

2. QUALIFICATIONS

- a. Educational _____
- b. Professional _____
- c. Name of Qualification _____
- d. Professional Body affiliated to: _____

3. EMPLOYMENT STATUS:

- a) Currently employed: _____ Self employed _____ not employed _____
- b) Name of organisation - _____
- c) Current position held _____
- d) Previous employment history:
- a. Name of most recent Organisation: _____
 - b. Position held _____
 - c. Period from _____ to _____

4. NAMES OF OTHER BOARDS WHERE SERVE/SERVED* _____

5. REASONS FOR WANTING TO JOIN ACSZ (Briefly give reasons why you want to Join ACSZ and what you intend to bring on board).

6. SIGNATURE _____ DATE _____

Note: Attach copy of I.D