Apply to become a member

Complete all required fields. You may type into this form or print and complete it clearly in ink.

01 Personal information

Fields marked * are required

First name *

Last name *

Date of birth (DD / MM / YYYY) *

NRC number *

Mobile number *

Email address

Residential address *

Postal address (if different)

02 Participation and livelihood

Employment status *

- ☐ Employed
- ☐ Self-employed / business
- ☐ Student
- ☐ Retired
- ☐ Not currently employed

Employer or business

Occupation / nature of business

Primary source of income *

Privacy notice

Your information is used only for membership assessment, verification, regulatory compliance and member administration. Access is limited to authorised reviewers.

03 Savings and share participation

Planned monthly savings (ZMW) *

Initial shares requested *

Current membership guide

Joining fee: ZMW 100 | Annual contribution: ZMW 500 | Share price: ZMW 100

Maximum shareholding: 25%. Fees and limits remain subject to approved cooperative policy.

Why would you like to join Umozi Wealth?

04 Next of kin

Full name *

Relationship *

Mobile number *

Residential address

05 Identification documents

Attach clear copies

- ☐ NRC copy (required)
- ☐ Proof of address (required)
- ☐ Passport photo

Acceptable proof of address includes a recent utility bill, bank statement or official letter showing the applicant's residential address.

Other supporting document(s)

06 How to return this form

Email Lowellmfula@gmail.com **Telephone** +260 211 264 025

Send the completed form together with the required documents. The membership team will verify the application and contact you if any additional information is required.

07 Applicant declaration

I declare that the information supplied in this application is true and complete. I authorise Umozi Wealth to verify the details and documents provided. I understand that membership is subject to verification, approval and payment of the applicable joining contribution and shares. I agree to comply with the cooperative's approved by-laws, policies and member obligations.

☐ I confirm and accept the declaration above.

Applicant full name *

Date *

Applicant signature

Witness signature

08 For official use only

Application reference

Date received

KYC verification

☐ Verified ☐ Follow-up required

Application decision

☐ Approved ☐ Declined

Review notes

Reviewed by

Review date

Authorised signature

Date