



KHASAKH CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

CHILD/MINOR REGISTRATION FORM



Parent's photo

Child's photo

PARENT/GUARDIAN

NAME OF PARENT:

RESIDENTIAL ADDRESS:

OCCUPATION:

TEL: MOBILE:

RELATIONSHIP WITH MINOR:

AMOUNT TO SAVE FOR MINOR PER MONTH:

SIGNATURE: DATE:

MINOR'S INFORMATION

NAME OF CHILD: AGE:

DATE OF BIRTH:

(Kindly attach copy your identification, minor's identification and birth certificate of minor)

I HERE BY COMMIT TO EFFECT MY CHILD'S MONTHLY REMMITANCE TO KHASAKH EVERY MONTH

NAME.....SIGNATURE.....