

ZAMBIA POLICE THRIFT AND CREDIT CO-OPERATIVE SOCIETY LIMITED



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BENEVOLENT FUND APPLICATION FORM

Personal Details

First Name (Dr/ Mr/ Mrs/ Ms) _____ Surname _____

Man No. _____ Employee No. _____ N.R.C. _____

Office Address _____

Home Address _____

Personal Cell; _____

I hereby apply for benevolent scheme and wish to remit the sum of K_____ Monthly as contribution towards the Benevolent fund.

I therefore declare the under-listed as eligible members of my next of kin for the purpose of the Benevolent fund.

	Children/ Dependants	D.O.B
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

	Husband/ Wife	D.O.B
1		
2		
	Own Parents	D.O.B
1		
2		
	Parents in Law	D.O.B
1		
2		

Member's signature..... *Date*