

MEMBERSHIP JOINING AND DECLARATION FORM



MMSW

CUSTOMER DETAILS

Title First Name

Surname Nationality

ID Number

Date of Birth Gender Email Address

Residential Address

EC No. Next of Kin Full Name

Next of Kin ID Number Next of Kin Contact No.

Spouse of Full Name

ID No. os Spouse

Station Address

INFORMATION REQUIRED

1. Individuals original ID, 3 months pay slips, Government employee No., Current Station of service, Proof of residence. EC Number .

DECLARATION BY TOSE HOUSING FUND MEMBER

1. I agree that I am required to keep and furnish TOSE HOUSING FUND with all my stand particulars as proof of ownership.
 2. I accept that it is a condition of membership that I am a Government of Zimbabwe employee.
 3. I accept that it is a condition of membership that I shall not dispose my stand to any other person/company/organization once my stand has been developed/built. Till it has been fully paid for.
 4. I accept that I shall never cease or renounce my SSB deduction to TOSE HOUSING FUND without their written consent once my house has been built to any stage.
- Customer Signature..... Date

DECLARATION BY TOSE HOUSING FUND BENEFICIARY

1. I hereby declare that I wish to be registered for the TOSE HOUSING FUND Scheme and services
 2. I declare that the information given above is true and correct I agree to pay the stipulated subscription/charges for the TOSE HOUSING FUND service and authorize TOSE HOUSING FUND to deduct these from my SSB account from EC number
 3. This registration together with the terms and conditions constitutes a binding agreement between TOSE HOUSING FUND and myself
 4. I confirm and declare that I stand to abide by all terms and conditions of TOSE HOUSING FUND as they may be review from time to time
 5. I Declare that the stand number indicated below is mine truly to the best of my knowledge
- Stand Number..... Town..... Location.....
is mine and correct
- Member Signature..... Date ID Number

DECLARATION BY THE TOSE HOUSING FUND MEMBER

PACKAGE	BRONZE	SILVER	GOLD	PLATINUM	DIAMOND
MONTHLY PREMIUM	\$85.00	\$125.00	\$150.00	\$250.00	\$300.00
BENEFIT	Contribute for 1 year and work start main member	Contribute for 4 months and work start main member	Contribute for 6 months 45% Deposit work start	Contribute for 6 months 50% Deposit work start	Contribute for 6 months 75% Deposit work start

DECLARATION OF IMMEDIATE BENEFICIARIES

1. Name _____ ID No.: _____ 2. Name _____ ID No.: _____
3. Name _____ ID No.: _____ 4. Name _____ ID No.: _____

OFFICIAL USE ONLY

Membership Care Officer as proof that they have seen original member's ID.

Office Head

Staff Member No.

Sales Force ID

Initial and Signature

Date