

Please attached
one (1) recent
Passport
Photograph
If Available

New KOSOL Cooperative Society

No 5 ASACS Road beside First Bank, Bwari FCT Abuja, Tel: 08028713122, 07085201697

2018 Welfare Application Form.



New KOSOL Cooperative Society LTD.
Giving you a Helping Hand
Subsidiary of
New KOSOL Integrated Resources Ltd.

TO BE COMPLETED IN BLOCK LETTERS PLEASE.

**All information supplied here will be treated as
CONFIDENTIAL.**

PLEASE THIS FORM is FREE

Craving to help

KOSOL Cooperative Society owes itself a duty to assist a minimum of 100 people every year without a recall for payback, this is born out of our zeal to eradicate poverty from our environs. But its support is always and ONLY given to people with passion to progress in life but are not opportune to have the support they need financially or advisory.

It is also important for each applicant to convince New KOSOL Cooperative Society that you desire the assistance you are looking for.

Section A

Applicant's Details:

Name in Full: _____

Home Address: _____

Office/Business Address: _____

Mobile Numbers: _____

State of Origin: _____ LGA of Origin: _____

Home Town: _____ Nationality: _____

Marital Status: _____ Religion: _____

Gender: _____ Date of Birth: _____

Languages you can hear/speak: _____

Highest Qualification: _____

Section B

How Did you hear about New KOSOL Welfare Scheme: _____

Section C

Describe details of your Business: _____

Section D

What is your total capital as at the time of this application? _____

Explain to us how you intend to expand your business if supported by New KOSOL Welfare Scheme

Section E - Bank Details

Name: _____

Account Number: _____ Bank Name: _____

Declaration

I hereby declare that all information provided here is true and nothing but the true, attached is a copy of my ID-card if applicant have a means of identifications – **Not Compulsory**

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Name and Signature

...../.....

Date/Phone No.

.....

Name and Signature of KOSOL Representative

...../.....

Date/Phone No.