

**NAMA (MMIA STAFF) IKEJA  
Cooperative & Multipurpose Society**

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**STAFF SAVINGS WELFARE SCHEME (FORM)**

NAME: .....

STAFF NO: .....

DEPARTMENT: ..... BANK: .....

TELEPHONE NO: .....

E-MAIL: .....

WHAT WILL BE YOUR MONTHLY SAVINGS TO THE SCHEME? (₦.....)

NEXT OF KIN: .....

RELATIONSHIP TO APPLICANT: .....

ARE YOU CURRENTLY REPAYING LOAN IN THE SOCIETY? .....

DECLARATION; I ..... Here by  
certify that the information given above is correct to the best of my  
knowledge.

NAME: .....SIGNATURE/DATE: .....

FOR OFFICIAL USE

APPROVED/NOT APPROVED

LEDGER NUMBER: .....

.....

CHAIRMAN SIGNATURE