

KOPERASI JAFFNESE BERHAD Registration No. C 26/24 (JAFFNESE CO-OPERATIVE SOCIETY LIMITED) Tel: 03-2274 8759 & 03-2274 8760 Fax: 03-2274 8755 FORM NO: 2A

Mobile: 017-988 3374 (WhatsApp) & 012-988 3385

e-mail: admin@jcs.org.my | Website: http://www.jcs.org.my

APPLICATION TO DEPOSIT IN SPECIAL DEPOSIT (CHILD) BY A MEMBER [Under KJB Rule No. 3]

	Please enclose 1st month's monthly deposit of RM 10.00 (or 12 or less months advance payment) RM	Register No	
	iausaha, Wisma JCS, 40 Jln Tun Sambanthan 3, 5 ala Lumpur.	50470 Kuala Lumpur or Peti Surat 10265, 50708	
		eposit (Child) account for my child or grandchild erewith a photostate copy of either the birth e child.	
2.	Name of the child as in BC or I/C		
3.	Male/Female (pl.delete one) 4. BC or I/C n	o	
5.	Date of birth 6. Date attaining 18 years of age		
7. N	Name of enrolling member (either father, mother o	r grandparent	
	8.	Mem no:	
9.	9. Hand phone no:		
11.	My monthly deposit for the child shall be RM	·····················	
12.	Please tick any one mode of payment by which yo	ou wish to pay your monthly deposit amount:	
	Through the District (please state the District's name)		
	Direct at the JCS office counter GIRO – BSN		
	Standing instruction with bank		
13.	Signature of enrolling member :	Date:	
For	Official Use		
Dat	e application receivedTemporary re	ceipt no: Amount Received RM	
Dat	e accepted as depositor Of	ficial receipt no:	
Dat	re member informed		
AP	PLICATION VERIFIED BY THE MEMBERSHIP CO	MMITTEE DATE	
Signature of Pengerusi Lembaga:			

THIS A PHOTOSTAT COPY OF THE FORM CAN BE USED.