



See instructions on page 2 and / or contact Information Technology personnel for any questions

PART I: MEMBERS INFORMATION

FIRST NAME:		MARITAL STATUS:	
MIDDLE NAME:		JOB TITLE:	
LAST NAME:		TRA ID NUMBER:	
GENDER:		DEPARTMENT:	
EMPLOYMENT DATE:		MOBILE NUMBER FOR PAYMENTS:	
TRA EMAIL:			
DATE OF BIRTH:			
STATION NAME:		STREET NAME:	
DISTRICT:		REGION:	
NATURE OF RESIDENCE:		POST CODE:	
LAND LINE NO.			

PART II: DECLARATION

I understand that the use of my personal Security User-Account for all actions performed will be acknowledged as my performance of those actions. I will safeguard my access via a password enabled screen saver being activated, or signing off the Network. I understand that disciplinary action, up to and including system termination may be taken if I fail to abide by any of the requirements of this agreement.

Member's Signature _____ **Phone Number** _____ **Date** _____



PART III: FOR OFFICE USE

FINANCE DEPARTMENT

I confirm the requester is a member of TRA SACCOS LTD & Finished payment of his shares.

Full Name: _____

Signature: _____

Date: ____/____/____

PART IV: FOR OFFICE USE

ICT DEPARTMENT

The request was attended by:

Full name _____

Signature _____

Date _____

PART V: INSTRUCTIONS

1. This form is required for all Members.
2. A complete filled and signed form should be scanned and emailed to TRA SACCOS (info@trasaccos.co.tz) so that two copies are kept at all times.
3. Fill in capital letters