



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 (ict@trasaccos.co.tz) so that two copies are kept at all times.
3. Fill in capital letters