



UKULIMA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED
P.O. 44071, Code 00100, NAIROBI.

Attach 2
Passport photos

Corporate Membership Application Form

A: APPLICANTS DETAILS

Name of Entity _____
Type of Organization: Company Partnership Co-operative Club
Others Specify _____ Date Incorporated _____
Registration No. _____ Date of Registration _____
PIN : _____

B: SOURCE OF INCOME

Registered Office _____
Postal Address: _____ Postal Code: _____
Town: _____ Office Telephone _____
Email : _____
Contact Person _____ Mobile No: _____
Nature of Business _____
Nature of account Opening Investment Transaction Saving and borrowing
Source of Funds to the account (You may tick more than one box)
 Saving Borrowing
 Business Income Income from investments
 Share Holders Contributions Others Specify _____
Approximate Monthly Contribution _____
Any Other Complimentary Source of Income _____
Mobile Phone: _____ Home Phone: _____
Work Phone: _____ email address: _____

C. NAME OF DIRECTORS/OFFICIALS

NAME	ID/PASSPORT NO.	OCCUPATION	POSTION HELD
1			
2			
3			
4			
5			

(Attach a separate sheet if the number of officers exceed the space provided)

D. AUTHORIZED SIGNATORIES

DETAILS	1ST SIGNATORY	2ND SIGNATORY	3rd SIGNATORY	4th SIGNATORY
Name*				
Designation*				
Date of Birth *				
Nationality				
P.O BOX/ Code				
Mobile No				
Telephone No.				
E-mail				
Work Station				
Employer				
Address				
Residence				
Other Banker				
Occupation				

(Attach a separate sheet if the number of officers exceeds the space provided)

We intend to commence savings of Kshs. _____ per month with Effect from _____

E. SIGNATORIES

Name

PP/ID No:

Designation

Specimen Signature

Name

PP/ID No:

Designation

Specimen Signature

Name

ID No:

Designation

Specimen Signature

Name

ID No:

Designation

Specimen Signature

SIGNING INSTRUCTION _____

F: SHARE CAPITAL STRUCTURE

1	Nominal Share Capital	
2	Issued Share Capital	
3	Paid Up Share Capital	

G: DECLARATION

Indemnity We understand that this account shall be operated solely at the discretion of the Sacco and hereby agree to indemnify the Sacco against any loss or claim arising out of the account being closed by the Sacco without notice due to unsatisfactory performance.

The account shall be opened and operated subject to any direction that may be issued to the society by its statutory regulations from time to time

The declaration given in this form by us shall be held responsible for the same at all time

NAME	SIGNATURE	ID NO	DATE

(To be signed by the signatories)

Attach the following documents

CORPORATE

- Memorandum & Articles of association or constitution of the group
- Minutes of meeting resolved to Join Ukulima Sacco
- General Meeting/ Board resolution authorizing application
- Pictures of authorized signatories (colored)
- Specimen signatures
- A certified copy of registration certificates

GROUP/CHAMA

- Copy of Constitution
- Copy of ID/passport of authorizing signatories
- List of group members

PART II FOR OFFICIAL USE ONLY.

A. CUSTOMER CARE

Membership Number: _____

Received on: _____

Approved by: _____

Reasons for not approving the application: _____

Signed: _____

Status: _____ Date: _____

B. REGISTRY

File Opened on: _____

Signature: _____

Checked by: _____

Signature: _____

C. MPA SECTION

Account Opened on: _____

Opened by: _____

D. DATA

Date effected: _____

Processed by (Name): _____

Deduction to commence on Date: _____

Signature: _____

E. COMPUTER

Photograph Scanned on: _____

Updated by: _____

Signature Scanned on: _____

Updated by: _____

G. CHIEF EXCECUTIVE OFFICER

APPROVAL/REJECT _____

REASON FOR REJECTION _____

Signature _____

DATE _____