



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

Attach 2
Passport photos

Diaspora Membership Application Form

A: APPLICANTS DETAILS

Last Name _____ Other Names: _____
ID/Passport No. _____ Date of Birth: _____
Gender _____ Marital Status _____
PIN : _____

B: CONTACT INFORMATION.

Present Address: _____
Home Address: _____ County: _____
Sub County: _____
Mobile Phone: _____ Home Phone: _____
Work Phone: _____ email address: _____

C. SOURCE OF INCOME

Employer/ Business: _____ P/No. _____
Employer/ Business Address _____
Job Title: _____ Retirement Age: _____
Duration in Business/Employment _____
Approximate Net Monthly Income _____

OTHER SOURCE OF INCOME

Pension Income _____ others (specify) _____
Proposed Monthly Contributions KSH _____
Amount In words _____

Proposed Mode of remittance:

Bank Transfer Standing Order Others Specify _____

Effective Date _____

D. BANK ACCOUNT DETAILS

Bank Name: _____ Branch: _____
Account Number: _____

E. CONTACT PERSON'S PARTICULARS

Full Names: _____
ID/No.: _____ Relationship: _____
Address: _____
Mobile Phone: _____ Home Phone: _____
Signature of Member _____ Date _____

F: REFEREE

I _____ P/NO _____ ID//NO _____

Confirm that the applicant Mr/ Mrs/MS _____

is well known to me for _____ and that he I capable of independently operating an account as a member of

Ukulima Sacco Society Ltd. He/She is my _____ (Wife, Husband, son, daughter, brother, sister or Friend)

Referee Signatature _____ Date _____

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: _____

CHARGES

Membership Fees: **\$ 50**

Minimum Contribution: **\$ 50**