



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

Attach 2  
Passport photos

**Diaspora Joint Membership Application Form**

**A: APPLICANTS DETAILS**

Last Name \_\_\_\_\_ Other Names: \_\_\_\_\_  
ID/Passport No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender \_\_\_\_\_ Marital Status \_\_\_\_\_  
PIN/SOCIAL NO or Equivalent \_\_\_\_\_

**B: CONTACT INFORMATION.**

Country of Residence \_\_\_\_\_  
Current physical address \_\_\_\_\_  
State/Avenue/road/ \_\_\_\_\_  
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: **\$ 80**

Minimum Contribution: **\$ 100**