



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

DELIVERY/COLLECTION CONSENT FORM

UCSCS/F/FOSA/044

The Chief Executive Officer
Ukulima Sacco Society Limited
P.O Box 44071
NAIROBI

RE: CONSENT TO COLLECT / DELIVER SACCO PARTICULARS

MEMBER'S NAME: _____ TEL NO _____

ACCOUNT NO: _____ ID NO: _____

BRANCH NAME _____

I authorise my branch official Mr/Mrs _____ to collect/deliver the following SACCO documents/forms on my behalf:

- ATM Card
- ATM Pin
- Loan Application Form
- Ukulima Kash Application Form
- Mobile Pin Reset Form
- A/C Statement
- Any Other _____

REASON FOR DELEGATING

I will take full responsibility if the above documents get lost, misplaced or misused before proper delivery. This consent remains valid unless cancelled in writing.

Member's Signature: _____ **Date** _____

OFFICIAL USE

Received by:

Name: _____ Sign: _____ Date: _____