

UKULIMA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD

P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000, 0111035600

Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

MEMBERSHIP APPLICATION FORM	REF NO. U	CSCS/F/BDM/001
MEMBERSHIP AFFEIGATION FORM		PASSPORT
Membership Category: Full Member FOSA Banking S	Service Member Re-joining	РНОТО
Requirements; <u>1.</u> Copy of National ID or Valid Passport. <u>2.</u> Pas	ssport Size Photos. <u>3.</u> Pay slip (If any).	
Part 1: Applicant's Details		
Full Name:	Cell Phone (Self)	
Postal Address		
Marital Status Gender	ID/Passport No KRA Pin	1
E-mail		
County Sub-County		-
Contact Person: Name	ID/No Relationship	
Mobile Phone No	Postal address	
Home Address: P. O. Box Postal Code	Town	
Ukulima Electoral Branch		
Part 2: Employment Details (To be completed by an employed	d applicant)	
Employer Postal	Address Email address	
Position in Employment Curre	nt Work Station Tel	
Date of AppointmentGross Monthly Inc	ome (Kshs) Payroll No	
Part 3: Sources of Income		
Salary Pension Business Others	Specify)	
Business Details (to be completed by a self-employed (business	s) applicant	
Business Name Natur	e of Business	
Reg No Business Postal Address		lo
Approx. Monthly Income (Kshs) Business P	hysical Location	
Part 4: Proposed Monthly Contributions		
Deposits (Subject to minimum) Kshs, Benevole	ent Fund (Mandatory as Set), Others(specify) Kshs	3
Mode of Remittance - <u>Check Off- , Cash- ,</u> Standing Or	der- <u>FOSA/M-Pesa-,</u> Standing Order- <u>Bank-</u>	
Other (Specify) Effective Date	(dd/mm/yy)	
Part 5: Front Office Savings Activity (FOSA)		
 FOSA Savings Account (Mandatory Requirement) - The S that may become due to me in any respect through the said Account. 		
• ATM Card :I do Authorize Not Authorize Uk	ulima Sacco to issue ATM card to my account.	
Note: Joint signatories' Accounts will not be issued with Sacc	coLink (ATM) Card.	
U-Kash: I do Authorize Not Authorize Ukulim	na Sacco to register my FOSA account for Mobile	Banking services and
issue me with relevant credentials. Use my Safaricom Cell Pl	hone Number:	. (Mpesa Registered
Number). Other registered cell phone numbers that can depo		
1 2		

Liable for all charges incurred through the use of this service. I hereby indemnify Ukulima Sacco against all losses that they incur as a /result of my use of the facility. Ukulima Sacco reserves the right to decline M-Sacco or ATM card application without giving reasons to the extent permitted by law.



Part 6: Mandate and Declaration

I also Mar	date Mr/Mrs//	ID No	as an authorized Signatory - Specimen
Signature-			
New Mem	ber's Signature (Specimen)		
<u>Part 7</u> : No	minee Information - This is	Confidential Information to be subn	mitted separately vide a Next Of Kin Form.
<u>Part 8</u> : Re	feree (To be filled by the Mer	nber/Person introducing the applica	ant)
I		ID No	Mobile
hereby con	firm that the applicant Mr./Mr	s./Ms//	has been known to me for
	-		ing an account as a member of Ukulima Sacco Society Ltd.
He/she is n	ny Wife/ Husband/ Son/ Daug	hter/ Friend/Colleague/).
Referee's S	Signature	Date	
<u>PART 9</u> : I	DECLARATION BY THE A	PPLICANT	
			ecessary inquiries in connection with this application.
Signature .		••••••	Date
Recruited	By; Branch Official/Member/	Marketing Representative/staff Nar	me
FOR OFF	ICIAL USE ONLY		
<u>Part 10</u> : C	ustomer Care		
MAP Num	ber Mem	bership Number	Applied by (Name & Signature)
Reasons (I	f any) for not approving the ap	plication	
Approved	By Name	Signature	Date
<u>Part 11</u> : U	-KASH Registration and A	'M Application	
Verified: N	JameSigi	ature& Date <u>Appro</u>	oved: (Name) Signature& Date
<u>Part 12</u> : D	ata Office: Data effected	Processed by	y (Name)Sign &Date
Deduction	to commence (Date)		Signed
<u>Part 13</u> : R	egistry		
File Opene	d on		.Signature & Date
Checked by	y (Name)		Signature & Date
a) Full M (2,500	0/-) as may be reviewed from t Banking Service Member: N	imum Deposit Contribution (2,800) ime to time by the Board of Directo embership Fee (500), No Deposits, Basic Membership Eligibility Requ	, No Benevolent Fund
prescri	bed in the Society's by-laws (a t belong to another Sacco Soc	l) Be an individual or employee of b iety having similar objects or comm	bund mind (c) Pay the entrance fee and share capital as bodies or agencies as approved by the Board of Directors non bond (f) Not directly or indirectly be a money lender, or in competition to the objectives of the Sacco.
			n Trust Blg, Mikindani Street, P.O.Box 86051-80100 Msa, Tel: 041- -40100 Ksm Tel:057-2020169. Eldoret: Sirikwa Hotel Bla. P.O.Box

2616972, 041-2312444. **Kisumu**: United Mall, Ground Flr, Wing A, P.O.Box 1378-40100 Ksm Tel:057-2020169, **Eldoret**: Sirikwa Hotel Blg, P.O.Box 6703-30100 Eld, Tel: 053-2032346, **Embu**: ABSA Blg, Mezzanine, Embu Meru Highway, **Nakuru**: KFA Building, Geoffrey Kamau Way; **Kisii**: Mocha Place, Kisii-Kisumu Highway, **Kakamega**: Agricultural Finance Corporation Blg, Kisumu Road, Opposite Huduma Centre