



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

DIASPORA CORPORATE MEMBERSHIP APPLICATION

REF NO.
UCSCS/F/M&CC/008

PASSPORT
PHOTO

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)
 Business Income from investments
 Share Holders Contributions
Others Specify _____
Approximate Monthly Contribution _____ Any Other Complimentary Source of
Income _____

C. NAME OF DIRECTORS/OFFICIALS

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

(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 _____
 PP/ 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 for 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

GROUP/CHAMA

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Constitution <input type="checkbox"/> Copy of ID/passport of authorizing signatories <input type="checkbox"/> List of group members |
|---|--|



PART II FOR OFFICIAL USE ONLY.

A. CUSTOMER CARE

MAP Numberapplied by (Name Signature).....Date.....

1st Approval (name & Signature).....2nd Approval (name Signature).....

Reasons (If any) for not approving the application
.....

Membership Number.....Date.....

Recruited by: Branch Official/Marketing Representative Name.....

R. M-SACCO/ATM

Verified: NameSignature& Date

Approved: (Name)Signature& Date

C. DATA SECTION

Date effectedProcessed by (Name)Sign &Date

Deduction to commence (Date)Signed.....

D. REGISTRY

File Opened onName, Signature& Date

Checked by (Name)Signature& Date