



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

DIASPORA INDIVIDUAL MEMBERSHIP APPLICATION

REF NO.
UCSCS/F/M&CC/007

PASSPORT
PHOTO

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: _____

