



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000  
Email: [info@ukulimasacco.coop](mailto:info@ukulimasacco.coop) Website: [www.ukulimasacco.coop](http://www.ukulimasacco.coop)

**MEMBERSHIP APPLICATION FORM**

**REF NO. UCSCS/F/M&CC/001**

PASSPORT  
PHOTO

**Part 1: Applicant's Details (member to complete all the blank spaces appropriately)**

Full Name: ..... Cell Phone (Self) .....  
Present Address ..... Date of Birth/dd/mm/yy ..... Tel No. ....  
Marital Status ..... Gender ..... ID/Passport No ..... KRA Pin .....  
E-mail ..... Home/Permanent address .....  
County ..... Sub-County ..... Ward ..... Village .....  
Contact Person: Name ..... ID/No ..... Relationship .....  
Address ..... Mobile Phone ..... Home Phone .....

**Part 2: Employment Details (To be completed by an employed applicant)**

Employer ..... Employers Address .....  
Position in Employment ..... Current Work Station ..... Box ..... Tel .....  
Date of appointment ..... Gross Monthly Income (Kshs) ..... Payroll No .....  
Immediate former Employer: Name ..... Payroll No .....

**Part 3: Sources of Income**

Salary  Pension  Business  Others (specify)

**Business Details (to be completed by a self-employed (business) applicant)**

Business Name ..... Nature of Business ..... Reg No .....  
Business Postal Address ..... Telephone No .....  
Approx. Monthly Income (Kshs) ..... Business Physical Location .....

**Part 4: Proposed Monthly Contributions**

Deposits (Subject to minimum) Kshs....., Benevolent Fund (Mandatory as Set),Others(specify)Kshs.....  
Mode of remittances - Check Off-  Cash-  Standing Order-FOSA-  Standing Order-Bank-  Other (Specify).....  
Effective Date (dd/mm/yy).....

**Part 5: Front Office Savings Activity (FOSA)**

- **FOSA Savings Account (Mandatory Requirement)** -The Society should open for me a FOSA Account and remit all sums of money that may become due to me in any respect through the said account. I undertake to abide by the rules governing operations of the Account.
- **ATM Card** :I do Authorize  Not Authorize  Ukulima Sacco to issue ATM card to my account.  
**Note:Joint signatories'Accounts will not be issued with SaccoLink (ATM) Card.**
- **M-SACCO:** I do Authorize  Not Authorize  Ukulima Sacco to register my FOSA account for M-SACCO banking services and issue me with M-Sacco credentials. Use my Safaricom Cell Phone Number: ..... (**Mpesa Registered Number**). Other registered cell phone numbers that can deposit money into my account are:  
1..... 2..... 3.....

**Declaration:** I accept and agree to be bound by the terms and conditions of use (as may be amended from time to time). I agree to be 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.



I also Mandate Mr/Mrs/...../..... ID No ..... as an authorized Signatory - Specimen Signature-

[Signature box]

New Member's Signature (Specimen)

[Signature box]

Part 6: Nominee Information - This is Confidential Information to be submitted separately vides a Next Of Kin Form.

Part 7: Applicant MUST attach: [ ]--Copy of National ID or Valid Passport. [ ]---3 Colored Passport Size Photos. [ ]--Pay slip (If any).

Part 8: REFEREE (To be filled by the Member/Person introducing the applicant)

I..... ID No ..... Mobile .....P.O.Box .....

hereby confirm that the applicant Mr./Mrs./Ms/...../ ..... has been known to me for ..... years ..... months. He/she is capable of independently operating an account as a member of Ukulima Sacco Society Ltd. He/she is my Wife/ Husband/ Son/ Daughter/ Friend/Colleague/.....).

Referee's Signature ..... Date .....

Part 9: Declaration by the Applicant

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the society and all relevant laws and regulations. I authorize the Society to make any necessary inquiries in connection with this application.

Signature ..... Date .....

FOR OFFICIAL USE ONLY

Part 10: Customer Care

MAP Number ..... applied 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.....

Part 11: M-SACCO Registration / ATM Application

Verified: Name .....Signature& Date .....Approved: (Name) .....Signature& Date .....

Part 12: Data Office: Date effected .....Processed by (Name) .....Sign &Date .....

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

Part 13: Registry

File Opened on .....Signature& Date .....

Checked by (Name) .....Signature& Date .....

Part 15: Mandatory Requirements : Membership Fee (1000) , Minimum Deposit Contribution (2500), Benevolent Fund (300)and Re-joining Fee (2500) as may be reviewed from time to time by the Board of Directors.

Basic Membership Eligibility Requirements: One Must -

- (a)Have attained the age of 18 years (b)Be of good character and sound mind (c) Pay the entrance fee and share capital as prescribed in the Society's by-laws (d) Be an individual or employee of bodies or agencies as approved by the Board of Directors (e) Not belong to another Sacco Society having similar objects or common bond (f) Not directly or indirectlybe a money lender, cash daily collector or carrying out such activities detrimental or in competition to the objectives of the Sacco.

FOSA Branches :Nairobi: Ukulima Co-op Hse, Mombasa: Bahman Trust Blg, Mikindani Street, P.O.Box 86051-80100 Msa, Tel: 041-2616972, 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, 3rd Flr, Kenyatta Avenue, P.O.Box 992-60100 Embu. Nakuru: KFA Building, Geoffrey Kamau, Kisii: Mocha place