UNIFYING SACCO LIMITED
UPLIFTING LIVES!

**UNIFYING REGULATED NON-WDT SACCO LIMITED**
**P.O. BOX 553 – 00605, UTHIRU**



## CHAMA/CORPORATE/CLUB/GROUP MEMBERSHIP APPLICATION FORM

**PART ONE**

Name of applicant: .....

Country in which it was incorporated / established .....

Registration No ..... Date registered.....KRA PIN .....

Postal address .....Postal code..... Town.....

Physical address.....

Nature of business.....

Purpose of opening the account -Investment **(Yes/No)** and / or
Savings and credit **(Yes/No)**

**Note:** Registration fee is Kshs. **5000** and Minimum Contribution is Kshs. **5000** per month.

**PART TWO**

Name of Directors / Principal Officers / Officials

| Name | ID/ passport No. | Contact | Position held | Signature |
|---|---|---|---|---|
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**Name of contact person:**

Mr/Mrs/Miss .....ID No..... Signature.....

Postal address.....Postal Code.....Town..... Phone.....

Amount of monthly savings contribution Kshs._____ (minimum being Kshs. **5,000**).

Group member interviewed by..... Date.....

Membership approved / disapproved at the meeting held on.....

Min No..... Registration membership No.....

..... .....
Chairman Secretary