UNIFYING SACCO LIMITED
UPLIFTING LIVES !!

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

(Part one) **PARTICULAR OF APPLICANT** *(To be completed in capital letters)*

Name in full.....

National ID No.....Date of Birth..... Contact Tel No.....

Marital Status.....Gender..... Email.....

Occupation.....Place of Work.....Tel No.....

Physical address.....Present Postal Address.....Town.....

Name of the Church of worship.....

Alternative contact person..... Tel No..... Email.....

(Part two) **APPLICATION**

I Mr./Mrs./Ms. .....
Do hereby make an application for membership of the co-operative and agree to abide by the By-Laws, Rules and Regulations governing the co-operative and/or any amendment thereof.
My monthly savings will be Kshs _____ per month with effect from the date of admission.
Non Refundable registration fee is **Kshs. 1000**
Minimum savings shall be **Kshs. 1000** per month.

(Part three) **NOMINATED NEXT OF KIN**

I, the undersigned do hereby instruct and authorize the co-operative to refund the whole amount of my deposits and benefits due to me less any indebtedness owed to the co-operative by me to the following Nominee (s):

Full name of the Nominee	Relationship	Contact No	Remarks (%)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(Indicate proportions in percentage against each name if deemed necessary).

Full name of the attesting Witness..... Signature.....

Address of witness..... Email.....

Signature of the applicant..... Date.....

(Part four) **FOR OFFICIAL USE ONLY**

1. **Admission to membership:** Date..... Min. No..... Registered M/No.....

Chairman's signature..... Secretary's signature..... Date.....

2. Withdrawal from membership: Date..... Min. No..... Amount entitled for refund

Kshs..... Comments, (if any).....

Chairman's signature..... Secretary's signature..... Date.....