P.O.Box 7390 Kampala Uganda
Tel: +256 (0)775684104 | Email: infor@uedecoorperative.com
Website: www.uedecooperative.com

Membership Application Form

PART A: Applicant Personal Details

Mr/Mrs/Miss/Ms: …… Surname: …… First name: ……

Other names: …… Date of birth (dd/mm/yyyy): ……/……/……. Marital Status: ……

Nationality: …… ID/Passport No: …… UEDCL C\No:…… Profession: ……

Telephone (Work): …… (Home): …… (Mobile): ……

Email address: ……

PART B: Applicant address details

Postal Address: …… Town: ……

Residential Address - Estate: …… Road: …… House No: ……

LC1/Village: …… Sub County: …… Town: …… District: ……

PART C: Applicant's next of kin details

Mr/Mrs/Miss/Ms: …… Surname: …… First name: ……

Date of birth (dd/mm/yyyy): ……/……/…….. Relationship: ……

Telephone (Work): …… (Home): …… (Mobile): ……

Email address: ……

LC1/Village: …… Road: …… District: ……

PART D: Beneficiary of shares and savings*(case of death)*

Mr/Mrs/Miss/Ms: …… Surname: …… First name: ……

Date of birth (dd/mm/yyyy): ……/……/…….. Relationship: ……

Telephone No. …… Email address: ……

PART E: Applicant commitment

I shall abide by theby-laws, rules and regulations of the society and shall pay an Entrance Fee of UGX 20,000=, buy a minimum of

30 shares each at UGX 10,000= and save a monthly fee of: UGX ……

Signed: …… Date:……

PART F: For official use only

Recommended by (SACCO Member): Sign …… Name: …… Date: ……

Approved by (Treasurer) Sign: ……Name: ……Date: ……

Approved by (Chair Person) Sign: ……Name: ……Date:……

Allocated Member No.

Photo