



SAVING AND GROWING
TOGETHER

KCCA STAFF MULTIPURPOSE COOPERATIVE SOCIETY LIMITED

REG: 10179/RCS

STAFF MEMBERSHIP APPLICATION FORM

Please fill in your details in the tables provided below.

PERSONAL DETAILS

NAME:			
DOB		GENDER	
I.D NO:		DIRECTORATE	
PHYSICAL ADDRESS:			
POSTAL ADDRESS (PRIVATE) :			
TELEPHONE/MOB NO:			
E-MAIL:			

BENEFICIARY/NEXT OF KIN(S)

NAME(S) :	RELATION	PHYSICAL ADDRESS:	TEL/MOB NO:	E-MAIL:

CONTRIBUTION

1	ANNUAL SUBSCRIPTION FEE	UGX 30,000 (THIRTY THOUSAND SHILLINGS ONLY)
2	SHARE HOLDING (<i>one off</i>)	UGX 300,000 (THREE HUNDRED THOUSAND SHILLINGS ONLY)
3	PREMIUM (<i>one off</i>)	UGX 200,000 (TWO HUNDRED THOUSAND SHILLINGS ONLY)
4	STATE MONTHLY CONTRIBUTION/ SAVING DEPOSITS (Minimum amount 50,000/= per month) .	

AMOUNT IN WORDS

I authorize SACCO Management to demand the above amount from me and declare that the information given on this form is true and complete.

Signature-----Date-----/-----/-----

FOR OFFICIAL USE ONLY

APPLICATION ACCEPTED		Please tick the appropriate.
APPLICATION REJECTED		
COMMENT:		
NAME:	SIGNATURE:	
DATE:	SECRETARY TO THE KCCA-SACCO	

NOTE: A MEMBER SHALL HOLD ATLEAST ONE SHARE