



SAVING AND GROWING  
TOGETHER

# KCCA STAFF MULTIPURPOSE COOPERATIVE SOCIETY LIMITED

REG: 10179/RCS

## TOTO ACCOUNT OPENING FORM

Please fill in your details in the tables provided below.

### PERSONAL DETAILS

NAME :		GENDER	
MEMBER NO		TELEPHONE	
EMAIL			

### TOTO BENEFICIARIES

NAME (S) :	Date of Birth	Percentage of benefit	Next of Kin Names	Next of kin Telephone

### MONTHLY CONTRIBUTION

UGX		AMOUNT IN WORDS;
		MINIMUM CONTRIBUTION IS 50,000 (FIFTY THOUSAND ONLY)

Please tick appropriate method of payment below

#### METHOD OF PAYMENT OPTION 1-----Payroll

I authorize KCCA STAFF SACCO Management to deduct the above amount from my monthly salary and  
declare that the information given on this form is true and complete.

Signature-----Date-----

#### METHOD OF PAYMENT OPTION 2-----Other

I have instructed my bank for a monthly standing order to KCCA STAFF SACCO (attach copy)  
...tick here.....  
I will pay a direct deposit into KCCA STAFF SACCO Account whenever I get funds...tick here.....

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

### FOR OFFICIAL USE ONLY

APPLICATION ACCEPTED		Please tick the appropriate.
APPLICATION REJECTED		
COMMENT :		
NAME :	SIGNATURE :	
DATE :	MANAGER KCCA STAFF-SACCO	

ONLY THREE WITHDRAWALS ARE ALLOWED IN A YEAR AND NOT BASED ON TO GIVE LOANS