

Usalama Co-operative Savings and Credit Society Limited

P.O. Box 26800 Kampala
Reg.No.6996 Tel/Fax 0414271349

Date :

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the Usalama Co-operative Savings and Credit Society Limited.

1. Names in full.....

2. OccupationDate of birth.....

3. Marital status.....

4. I agree to make a minimum savings deposit of UGX.....per month

5. Initial share Capital UGX.....

6.If application is accepted, I agree to pay a membership fee of UGX.....

7.I agree to abide by the bye-laws of the society.

8. Next of kin.....relationship.....

Signature.....

FOR OFFICIAL USE ONLY

Application Approved/Rejected by Committee

Date..... signed.....

Membership Number.....

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