



**UKULIMA  
MEMBERSHIP  
FORM**

**Nairobi:**

Ukulima Co-op House; P.O. Box 44071 - 00100 Nrb; Tel: +254-20-2785000, Cell: 0720-179991, 0721-611161

<b>Mombasa:</b> Bahman Trust Blg, Mikindani Street, P.O. Box 86051-80100 Msa, Tel: 020-2785250, 041-2616972, 041-2312444.	<b>Kisumu:</b> United Mall, Ground Flr, Wing A, P.O. Box 1378-40100 Ksm Tel: 020-2785400, 057-2020169	<b>Eldoret:</b> Sirikwa Hotel Blg, P.O. Box 6703-30100 Eld, Tel: 020-2785200, 053-2032346	<b>Embu:</b> Eastern Emporium Blg, Kenyatta Avenue, P.O. Box 992- 60100 Embu. Tel: 020-2785300
<b>Nakuru:</b> KFA Building, Geoffrey Kamau Way, Tel 020-2785350	<b>Kakamega:</b> AFC Building, Kisumu Rd, Opp. Huduma Centre	<b>Kisii:</b> Mocha Place, Kisii-Ksm Highway, Tel: 020-2785450	<b>Meru:</b> Green wood city mall, Mwendatu Road. Tel: 020 27858700

PASSPORT
PHOTO

Membership Category: Full Member  FOSA Banking Service Member  Re-joining

Requirements; 1. Copy of National ID or Valid Passport. 2. Passport Size Photos. 3. Pay slip (If any).

**Part 1: Applicant's Details**

Full Name: ..... Cell Phone (Self) .....

Postal Address ..... Date of Birth/dd/mm/yy .....

Marital Status ..... Gender..... ID/Passport No ..... KRA Pin .....

E-mail .....

County ..... Sub-County ..... Ward..... Village.....

Contact Person: Name ..... ID/No ..... Relationship .....

Mobile Phone No. .... Postal address .....

Home Address: P. O. Box ..... Postal Code ..... Town .....

Ukulima Electoral Branch .....

**Part 2: Employment Details (To be completed by an employed applicant)**

Employer ..... Postal Address ..... Email address .....

Position in Employment ..... Current Work Station ..... Tel .....

Date of Appointment ..... Gross Monthly Income (Kshs) ..... Payroll No .....

**Part 3: Sources of Income**

Salary  Pension  Business  Others  Specify) .....

**Business Details (to be completed by a self-employed (business) applicant**

Business Name..... Nature of Business .....

Reg No ..... Business Postal Address ..... Telephone No .....

Approx. Monthly Income (Kshs) ..... Business Physical Location.....

**Part 4: Proposed Monthly Contributions**

Deposits (Subject to minimum) Kshs....., Benevolent Fund (Mandatory as Set), Others(specify) Kshs .....

Mode of Remittance - Check Off-, Cash-, Standing Order-FOSA/M-Pesa-, Standing Order-Bank-

Other (Specify)..... Effective Date (dd/mm/yy).....

**Part 5: Front Office Savings Activity (FOSA)**

- **FOSA Savings Account (Mandatory Requirement)** -The Society should open for me a FOSA Account and remit all sums of money that may become due to me in any respect through the said account. I undertake to abide by the rules governing operations of the Account.
- **ATM Card** :I do Authorize  Not Authorize  Ukulima Sacco to issue ATM card to my account.

**Note:Joint signatories'Accounts will not be issued with SaccoLink (ATM) Card.**

- **U-Kash:** I do Authorize  Not Authorize  Ukulima Sacco to register my FOSA account for Mobile Banking services and issue me with relevant credentials. Use my Safaricom Cell Phone Number: ..... (**Mpesa Registered Number**). Other registered cell phone numbers that can deposit money into my account are:

1..... 2..... 3.....

***Declaration:*** I accept and agree to be bound by the terms and conditions of use (as may be amended from time to time). I agree to be liable for all charges incurred through the use of this service. I hereby indemnify Ukulima Sacco against all losses that they incur as a /result of my use of the facility. Ukulima Sacco reserves the right to decline M-Sacco or ATM card application without giving reasons to the extent permitted by law.