



UGANDA COOPERATIVE SAVINGS AND CREDIT UNION LIMITED
Reg NO 2725 P.O. Box 6203 KAMPALA UGANDA

Head Office:
 Plot 33 Lumumba Avenue
 Murtala Courts, 5th Floor
 Tel: 256-41-233 601

Training Centre:
 Maganjo
 10 Km Bombo

E mail: info@ucscu.co.ug Website: www.ucscu.co.ug

MEMBERSHIP APPLICATION FORM No.....

A. BASIC INFORMATION

1. SACCO Names In Full (Capital Letters).....
2. Address:
 - i. Physical Address/Location.....
 - ii. Telephone Contact i)..... ii).....
 - iii. Postal Address..... District.....
3. Registration Number..... Date of Registration.....
4. Officials of the SACCO at time of this application for membership:

Chairman:..... Treasurer:.....

Manager:.....

5. The Resolution to affiliate to UCSCU was passed during the SACCO Board meeting held on..... (Please attach copy of the Resolution. **In addition attach a copy of the most recent audited Financial Statements – if applicable**)

Note: Entrance Fee: Shs 30,000/= and 1 Share 100,000/=. Three shares of Shs 300,000/= are required.

Note: The SACCO May Bank directly from any **Stanbic Bank Branch**, on the Account below:

Title of Account: Uganda Cooperative Savings and Credit Union Limited

Bank: Stanbic, City Branch

Account Number: 014 000 7838601

B. CERTIFICATION

WE certify that all the information WE have given above is correct and WE understand that this is not a Certificate of Membership.

a. Name.....Signature.....

b. Name..... Signature

Date.....Stamp

FOR OFFICIAL USE ONLY

APPROVED

REJECTED

Signature _____

Signature _____

Title _____

Title _____

Date _____

Date _____