

UGANDA AGRIDEPT COOPERATIVE SAVINGS AND CREDIT SOCIETY LTD P.O.BOX 102 ENTEBBE

agrideptcscs@gmail.com 0706-994-964/0780-191447

MEMBERSHIP APPLICATION FORM

I hereby make an application in Uganda Agridept Cooperative Savings and Credit Society Ltd;	
1. Name	
Tel No	Email
Marital Status	Nationality
Date of Birth	N.I.N.
LC1	District
Employer	Occupation
Employer's Address	IPPS/Employment No
2. Next of Kin	Relationship
Address	Tel
2. If my application is accepted, I agree to pay the following;	
Entrance Fee: shs 10,000/=, Part Share: shs 10,000/= and Stationery: shs 11,000/=	
3. I agree to contribute shs	(In words)
	towards the Society on a monthly basis.
4. I agree to abide by the By-laws of the society.	
Signature Dat	e
FOR OFFICIAL USE ONLY	
Name of Recruiting Officer	Position
TelBranch	
APPROVAL	
This application is Approved/Rejected by the Committee	
DateManager's Signature	
Save and Borrow for Development	