



UGANDA AGRIDEPT COOPERATIVE SAVINGS AD CREDIT SOCIETY LIMITED

REG. NO. 3355/RCS. EMAIL: agrideptcs@gmail.com

P.O BOX. 102. ENTEBBE. CONTACT. 0706-996-964/0780-191447

MEMBERSHIP APPLICATION FORM

I hereby apply for membership in Uganda Agridept Cooperative Savings and Credit Society Limited and my details are shown below:

1	Names	
2	Sex (Male / Female)	
3	Date of Birth	
4	Marital status	
5	Residential Address	
6	Telephone Contact of Applicant	
7	Email Address of Applicant	
8	National ID Number (NIN)	
9	Occupation / Profession	
10	Name & Address of Employer	
11	In Case of death, the person Nominated to take over my shares in Uganda Agridept is (NEXT OF KIN)	Name Contact Relationship.....
12	Witnesses (<i>existing SACCO members</i>) (OPTIONAL)	1. 2.

To the best of my knowledge the information given above is true and correct about me.

I hereby confirm that I have read and fully understood the Society's bylaws & policies and hereby promise to abide by the terms and conditions there together with any other terms made after.

Name

Signature Date

FOR OFFICIAL USE ONLY

The above has been approved and accepted by the Committee under minute No. As a member of the society with effect from and is entitled to all benefits as a member subject to the terms and conditions of society bylaws.

Number allocated to the member is

Name Signature

(Manager/Branch official)

Reason for rejecting application (if any)