



**UBORA REGULATED NON-WDT SACCO
SOCIETY LIMITED**
P.O. BOX 54947-00200 NAIROBI
TEL: 254-20-6948443/305/261 MOBILE: 0700 156 971
ubora@kebs.org

ATTACH
PASSPORT PHOTO

MEMBERSHIP APPLICATION FORM - OUT OF COMMON BOND

APPLICANT DETAILS

Full Name:

Mobile No:

Telephone No:

ID/ Passport No:

(Attach ID copy)

KRA PIN:

(Attach Copy)

Date of Birth:

DD

MM

YY

E-mail:

Gender: Male

Female

Permanent address:

Marital Status: Single

Married

Others (specify)

Home Address:

Other Mobile No.

County:

District:

Location:

SECTION ONE EMPLOYMENT DETAILS *(to be completed by an employed applicant)*

Employer:

Employer address:

Office Tel No.:

Position in Employment:

Workstation:

Payroll No.

Date of Appointment:

Net Monthly Income:

(Attach copy of payslip)

Nature of employment: Contract

Permanent

SOURCES OF INCOME

SECTION TWO: BUSINESS DETAILS *(to be completed by business applicant)*

Business Name:

Business Address:

Nature of Business

Approximate Net Monthly Income:

Nature of Company *(attach certificate of incorporation)*: Limited

Unlimited

Business Location:

OTHER SOURCES OF INCOME

Pension income:

Other {specify}:

SECTION THREE CONTRIBUTIONS

Proposed Monthly Deposit Contributions:	Amount in words:
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Proposed mode of remittances: Check off Standing order Direct debit M-PESA Paybill

Other specify: _____

Effective Date (DD/MM/YY):

REFEREE INFORMATION**SECTION FOUR NOMINEE INFORMATION**

NAME	ID No	Relationship	Contacts Address/Tel	Member no.
			Mobile No.: Email:	

Applicants Signature:	Date:
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Witness Name:	Signature:
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REFEREE DECLARATION (to be filled by the principal member introducing the applicant)

I _____ ID _____ M/No _____

Confirm that the applicant Mr. /Mrs. _____ is well known to me for _____ (period Months/years) and that he/she is capable of independently operating an account as a member of Ubora Sacco Society.

The information provided above is accurate and complete, joined voluntarily and in agreement to abide by the Sacco rules and by-laws.

Referee Signature _____ Date _____

SECTION FIVE FOR OFFICIAL USE ONLY

Applicant interviewed by:	Signature:	Date:
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This application has been	Approved <input type="checkbox"/>	Declined <input type="checkbox"/>
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Membership approved by	Signature	Date
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Personal Number:	Member Number:
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Data captured by:	Signature:	Date:
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System approval by:	Signature:	Date:
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Members file opened by:	Signature:	Date:
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IMPORTANT NOTES

- Copy of National identity card, 2 colored passport size photos, KRA PIN certificate
- Dully filled nominee card
- Registration fee Kshs. 1,000 via MPESA pay bill **Business No.** - 400222, **Account No.** - 209739#YOURNAME
Or deposit through Co-op Bank **Account no.** 01120000603900 **Branch** Co-op House