



P.O. BOX 54974-00200

NAIROBI.

ubora@kebs.org

# INTEREST EARNINGS SAVINGS ACCOUNT

## UBORA REGULATED NON-WDT SACCO SOCIETY LTD

FORM "UBORA" /1

### APPLICATION FOR MEMBERSHIP

I hereby make application for membership and agree to conform to the By-laws or any amendments to the By-Laws of the Society thereof.

Name: ..... Date of Birth: .....

Marital Status: ..... Gender: ..... Mobile No.: .....

ID No.: ..... KRA PIN: .....

Postal Address: ..... Town: .....

Employment Number (BS/PER): ..... Place of work: .....

Department/Division: ..... Designation: .....

Office Telephone: ..... E-mail: .....

Sign: ..... Date: .....

---

### FOR OFFICIAL USE ONLY

Date of Admission: .....

Entrance Fee Kshs:.....Receipt No.....

Management Committee Minute No: .....

Account No (AC/No): .....

Date of Cessation: .....

Signed: .....

### IMPORTANT NOTES:

1. To be filled **In Duplicate**.
2. Attach photocopy of your **National Identification Card, KRA Pin, Recent passport size photo**
3. Registration fee Kshs. 1,000 via MPESA pay bill **Business No. 400222, Account No. 209743#YOURNAME**  
Or deposit through Co-op Bank **Account no. 01120000603901** Branch Co-op House