



UBORA REGULATED NON-WDT SACCO SOCIETY LIMITED

UBORA SACCO LTD | P.O Box 54974-00200 NAIROBI, | Tel 254-20-6948443/305/261 | ubora@kebs.org

MEMBERSHIP APPLICATION FORM

ACCOUNT TYPE: NORMAL ACCOUNT MUSHARAKA SAVINGS ACCOUNT (FOR MUSLIMS)
HOLIDAY SAVINGS ACCOUNT (Tick where appropriate)

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.

PART A: APPLICANTS PERSONAL DETAILS

Name: Date of Birth:

Marital Status: Gender: Mobile No.:

ID No.: KRA PIN: Mode of Payment:

Postal Address: Code: Town:

PART B: EMPLOYMENT DETAILS

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

Department/Division: Designation:

Office Telephone: E-mail:

Terms of Employment: Permanent Temporary Contract If on contract state expiry date:

Sign: Date:

FOR OFFICIAL USE ONLY

Date of Admission:

Entrance Fee Kshs: Receipt No:

Membership No.: Management Committee Minute No:

Date of Cessation: Signed:

IMPORTANT NOTES:

- To be filled in **Duplicate**.
- Separate **Nominee form** to be filled.
- Attach photocopy of your **National Identification Card, KRA Pin, Recent passport size photo**
- 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