



**UNIQUE SACCO LTD**

**MEMBERSHIP APPLICATION  
PLEASE FILL-IN THE BOXES  
USING BLOCK LETTERS ONLY.**

BOOK NUMBER

EMPLOYMENT NUMBER

FAMILY NAME[SURNAME]

FIRST NAME(S)

MAILING ADDRESS:

VILLAGE HEADMAN:  
  
T/A:  
  
DISTRICT:

PHONE NO:

PHONE NO:

E-MAIL:

DATE OF BIRTH	SEX	HIGHEST EDUCATION
	M      F	

MARITAL STATUS

OCCUPATION {JOB TITLE}

NEXT OF KINS/NOMINEE'S NAME & RELATIONSHIP

FATHERS NAME & CHIWONGO

HUSBAND'S /WIFE'S NAME & CHIWONGO

SHARES PER MONTH: K

DEPOSITS PER MONTH: K

I hereby make Application for Membership, and agree to conform to the Bye-Laws and Any Amendments thereof.

SIGNATURE OF APPLICANT

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SIGNATURE OF BOARD MEMBER

DATE

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DATE: