



COMPLETE THIS FORM IN BLOCK LETTERS

**1. APPLICATION FOR CORPORATE MEMBERSHIP**

We hereby make an application for membership and agree to conform to Sacco's guidelines and amendments there of:

Group Name(s).....

Registration No..... E-mail..... Physical Address.....

P.O Box..... Code..... Town.....

**2. GROUP OFFICIALS**

CHAIRPERSON: Name.....

Address.....

Telephone.....

Signature..... Date.....

SECRETARY: Name.....

Address.....

Telephone.....

Signature..... Date.....

CHAIRPERSON

TREASURER: Name.....

Address.....

Telephone.....

Signature..... Date.....

TREASURER

SECRETARY

INTRODUCED BY: Name..... M/No..... Signature.....

*(Please attach ID copies & One Passport size photo of the 3 officials, Recent minutes showing the duly elected officials & agreement to open an account with us, list of all members include contacts and ID numbers and a copy of registration certificate if the group is registered.)*

**3. FOR SACCO OFFICIAL USE ONLY.**

**i.** Date of Admission to membership .....

Member's registration No.....

Chairpersons Signature..... Date.....

**ii.** Date of withdrawal..... Date of refund.....

Chairpersons Signature..... Voucher No..... Cash/Cheque No.....