



**KHASAKH CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED
REGISTRATION FORM/UPDATE FORM**

NAME	
DATE OF BIRTH	
MARITAL STATUS	
TELEPHONE NUMBER	
EMAIL ADDRESS	
PLACE OF WORK	
OCCUPATION	
DATE OF JOINING	
SAVINGS AMOUNT	
NAME OF BANK	
BRANCH NAME	
ACCOUNT NO	
SUBSCRIPTION FEES	30,000 UGX
SHARE PURCHASE	50,000 UGX

DETAILS OF MY REFEREE

NAME	
DATE OF BIRTH	
RELATIONSHIP	
MOBILE	
EMAIL ADDRESS	
SIGNATURE	

NEXT OF KIN DETAILS

NAME	
DATE OF BIRTH	
RELATIONSHIP	
MOBILE	
EMAIL ADDRESS	

I..... declare that in case of death all my benefits from KHASAKH SACCO should be paid to my next of kin as stated above.

I HERE BY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I AGREE TO ABIDE BY THE TERMS AND CONDITIONS SET BY THE SOCIETY

SIGN _____

DATE _____

FOR OFFICIAL USE ONLY

MEMBERSHIP NUMBER:

APPLICATION APPROVED/REJECTED
DATE: _____
SIGNED _____
TREASURER: _____