



KHASAKH CO-OPERATIVE SOCIETY LIMITED

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MEMBER REGISTRATION FORM/ENTRY FORM

NAME	
DATE OF BIRTH	
MARITAL STATUS	
TELEPHONE NUMBER	
EMAIL ADDRESS	
ORGANIZATION	
DESIGNATION	
DATE OF JOINING	
TIN	
NIN NUMBER	
SAVING AMOUNT	Per month
SHARE CAPITAL	Per month
BANK NAME	
BRANCH NAME	
ACCOUNT NO	
SUBSCRIPTION FEE	30,000 UGX



KHASAKH CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

SAVING PRODUCTS

PRODUCT	TICK	INTEREST RATE PER ANNUM	MATURITY PERIOD	AMOUNT TO SAVE MONTHLY
1)CHILD SAVER		14%	18 YEARS	
2) EDUCATION SAVER				
• SHORT TERM SAVER		5%	3-12 MONTHS	
• MEDIUM TERM SAVER		10%	3 YEARS	
3) TARGET SAVER				
• SHORT TERM SAVER		8%	1 – 2 YEARS	
• MEDIUM TERM SAVER		10%	3 – 5 YEARS	
• LONG TERM SAVER		12%	6 – 10 YEARS	
4) PENSION SAVER		12%	50 YEARS	
5) GENERAL SAVER		5%	3 –12 MONTHS	

NOTE

- Savings from all the products can be used as security to acquire credit from the Sacco
- Interest on all saving products will be forfeited if amounts are withdrawn before the set maturity dates.

I HERE BY COMMIT TO EFFECT MY MONTHLY REMITTANCE TO KHASAKH SACCO EVERY MONTH

NAME _____

SIGN _____

DATE _____



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.

Signature.....

Date.....

FOR OFFICIAL USE ONLY

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