

BUYANJA SAVINGS
P.O. Box 127, RUKUNGIRI
Website: www.buyanjasaccoltd.com
Email: saccobuyanja3@gmail.com



AND CREDIT COOPERATIVE SOCIETY LTD
Tel.(Office) 0114663588,
Mobile 0774000439 (Manager)
0772674573 (Chairperson)

APPLICATION FORM FOR MEMBERSHIP, PURCHASE OF SHARES AND OPENING A SAVINGS ACCOUNT

DATE/...../.....

Dear Sir,

I/we humbly apply for membership and purchase of shares and hereby request you to open a savings account in my/our names entitled

.....
.....

If this application is acceptable, I agree to pay an entrance fee of shs..... and

Share capital of shs for shares(s).P

Number of shares applied for

Value of shares applied for

Please read through the following notes;

The limit of the number of shares an individual can buy is subject to a society's bye laws and the cooperatives Act on the following criteria;

1. The value of one share is shs 20,000=
2. Membership fee is shs 10,000=
3. Stationery fees shs 3000=

You are requested to honor any drawings instructions bearing my/our signature(s) as per the specimen given below, and on your specimen signature card, as well as the signature(s) of any person who may be given my mandate to sign on my behalf.

In case of death, the following person can take over my /our savings account and their particulars;

Name.....village/address.....

Telephone number.....

Relationship.....

I/we hereunder also supply the following particulars to which I testify their correctness;

Present address: village.....Parish.....

Sub-county.....P.O.BOX.....

District

Ageoccupation.....

Date of birth.....

Marital status

National ID NIN..... ID NO.....

Employer/Business Name

Employer's address.....

I/we hereby agree to conform to the rules governing the SAVINGS ACCOUNT at your society.

Here below is the specimen of my /our signature(s)

1	Telephone No.....
2	Telephone No.....
3	Telephone No.....

My/Our first savings deposit is shspaid by

Other bankersBranch

FOR OFFICIAL USE ONLY

This application has been accepted/ rejected by the committee.

Date received

Value of shares received

Membership fees received

Voucher no.

Share certificate no

Membership no allocated

Account no allocated

Checked by Cashier

Cashier's stamp,
signature & Date

Approved by:

1MANAGER

2CHAIRPERSON

Date/...../20.....

Date/...../20.....