Mug – Muguga Savings Credit Co-op Society Ltd
SAVE WHERE YOU HAVE A SAY

P.O Box 1979 – 00902 Kikuyu
Tel: 0753 482 809 / 0712 327 057
Email: mugmuguga@yahoo.com
mugmuguga@gmail.com
Website: www.mugmuguga.com

AFFIX YOUR PHOTO HERE

Membership No. _____ Date: _____

APPLICATION FOR GROUP MEMBERSHIP

NAME OF GROUP _____

POSTAL ADDRESS _____ **CODE** _____ **TOWN** _____

TELEPHONE NO, _____

REGISTRATION NO, _____

DATE OF REGISTRATION, _____

NUMBER OF MEMBERS, _____

YOUR BANK _____ **A/C NO,** _____

REFEREE NAME _____

MEMBER NUMBER _____ **MOBILE: No,** _____

We, the undersigned officials of _____
hereby apply for membership in Mug – Muguga Savings and Credit Co-operative Society Ltd for our group.
We undertake to abide by all the membership conditions of Mug – Muguga Sacco Ltd, as contained in its By Laws.

For and on behalf of .....

NAME		SIGNATURE
CHAIRMAN	.....	.....
SECRETARY	.....	.....
TREASURER	.....	.....
DATE	.....	

group stamp.

Signed in accordance with a resolution passed at the group meeting

held on ..... Minute No, ...

NOTE,

1. Attach copies of IDs both sides for the officials
2. Two passport Size photos for the officials
3. Copy of Registration Certificate
4. Pin Certificate where applicable
5. Minute of resolution to join as passed at the group meeting.

FOR OFFICIAL USE

Date of Admission.....

Information checked by .....Sign .....

Confirmed by ..... Sign .....