



Mug - Muguga Savings Credit Co-p Society Ltd

INVEST 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

318

Membership No..... Date:

APPLICATION FOR INDIVIDUAL MEMBERSHIP

I hereby make application for membership and agree to conform to the By – laws or amendments thereof:

FULL NAME

ID/NO NATIONALITY

GENDER MALE ☐

FEMALE ☐

YEAR OF BIRTH PIN NO,

OCCUPATION

TELEPHONE NO,..... E- MAIL

ADDRESS CODE TOWN

YOUR BANK A/C NO,.....

Referee's full details:

REFEREE'S FULL NAME

M/NO , ID/NO,

BOX CODETOWN

MOBILE NO, SIGNATURE

I declare the information provided herein is true to the best of my knowledge .Contrary to which membership will be denied/withdrawn forthwith.

SPECIMEN SIGNATURE

1. 81C	2.
---------------	----

NOTE:

- 1.) One must attach copy of ID both sides
- 2.) Two passport size Photographs
- 3.) Provide bank Details
- 4.) Copy of PIN Certificate

FOR OFFICIAL USE

Date of Admission.....

Information checked by: Sign

Confirmed by Sign

NEXT OF KIN

I, the undersigned, in the event of demise whilst being a share holder of Mug - Muguga Sacco Ltd hereby instructs the company to transfer all amount / shares / property due to me less debts / deductions to the said Sacco, to the person(s) named in this form.

NAME

MEMBER NO,

NOMINATED BENEFICIARIES / NEXT OF KIN (attach copies of Birth Certificate / National ID Card or passport, as applicable)

1. Name Relationship

ID./ Passport / Cert. No.....Address

Tel: / Mobile No,% age share

Date:Sign:

2. Name Relationship

ID./ Passport / Cert. No.....Address

Tel: / Mobile No,% age share

Date:Sign:

3. Name Relationship

ID./ Passport / Cert. No.....Address

Tel: / Mobile No,% age share

Date:Sign:

4. Name Relationship

ID./ Passport / Cert. No.....Address

Tel: / Mobile No,% age share

Date:Sign: