



**OLD KAMPALA
EASY SACCO LTD.**

**MARTIN ROAD SARAH MALL
ROOM F-06
Tel: 0414-695300/0707794794
Email: bankokesacco@gmail.com**

MEMBERSHIP REGISTRATION FORM

Name:

Age:.... Marital statusTel

Place of birth

Village... Parish.....

County... District

Occupation

Place of work... ..

Current resident

Village... Parish.....

CountyDistrict.....

Name of spouse... Tel

Father's name... .. Tel.....

VillageParish.....

CountyDistrict.....

Mother's name... ..Tel.....

Village... Parish

CountyDistrict.....

Next of kinRelationship..... tel

Village.....Parish.....

District.....

Are you staying with your family?.....

If no, where does your family stay?.....

Village.....Parish.....

County.....District.....

I... ..declare that the information given in this form is correct to the best of my knowledge and that I agree to abide by the rules and regulations of this organization.

Sign... ..Date.....

FOR OFFICIAL USE ONLY

Entrance fee	
Shares	
Minimum savings	

Registration / account number.....

Registered by.....Sign.....Date.....

(Secretary)

Witnessed by.....Sign.....Date.....

(Treasurer)

Approved by.....Sign.....Date.....

(Chairman)