



KYAMBOGO UNIVERSITY

P.O BOX 1 KYAMBOGO

KYAMBOGO UNIVERSITY SAVING & CREDIT COOPERATIVE SOCIETY LIMITED  
(KYUSACCO)

Certificate No: 7228

---

**MEMBERSHIP APPLICATION FORM**

1. Name: .....
2. Gender (Tick where applicable)  
Male:  Female:  Date of Birth: .....
3. Tel No: ..... Email Address: .....
4. Faculty: .....
5. Department: ..... Employment Title: .....
6. Next of Kin: ..... Relationship: .....
7. Next of kin contact: .....
8. Employment terms and conditions (Tick where applicable).  
Permanent:  Contract:  Temporary:
9. Monthly Salary Deductions (savings): .....
10. First date of execution (dd/mm/yy):...../...../.....
11. Minimum Share Capital: **100,000/=** Additional Share Capital: .....
12. Recommended by: ..... Signature.....
13. I agree to subscribe to KYUSACCO.  
Signature: ..... Date: .....

☆ ***Thank you for choosing to be part of the KYUSACCO family***

---

**For official use only**

Application has been approved

Date: .....

Signed: .....

Chairperson/Treasurer

*For reliable and secure credit and savings financial services*