**KYAMBOGOUNIVERSITY**

***P.O BOX 1 KYAMBOGO***

**KYAMBOGO UNIVERSITY SAVING & CREDIT COOPERATIVE SOCIETY**

**LIMITED**

**(KYUSACCO) *Certificate No: 7228***

***FORM 3*: *SAVINGS APPLICATION FORM***

1. APPLICATION DATE: …………………………………………………….
2. NAME OF APPLICANT: …………………………………………………………..
3. DESIGNATION/TITLE: …………………………………………………………….
4. DEPARTMENT: …………………………………………………………………….
5. MONTHLY SAVINGS (DEDUCTIONS): ………………………………………….
6. TOTAL SAVINGS...........................................................................................…
7. AMOUNT OF SHARE CAPITAL: ………………………………………………….
8. AMOUNT APPLIED FOR: ………………………………………………………….
9. PURPOSE................................................................................................................

I agree to abide by the savings application requirements.

………………………. …………………. .………………..

**Applicant Signature** **Tel** **Contact** **Date**

**Bank Account Details**

1. A/C Name: …………………………………....................................

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1. A/C No:

C) Bank Name…………………………… Branch……………................................

**FOR OFFICIAL USE ONLY**

Manager’s Comment & Signature: ………………………………………………….

Treasurer’ comment: …………………………………………………………………………..

Approved by: ………………………… Date: …………….......................