KYAMBOGO UNIVERSITY

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

a) A/C Name: …….....

b) A/C No: | | | | | | | | | | | | | | | | |

C) Bank Name…… Branch…….....

FOR OFFICIAL USE ONLY

Manager's Comment & Signature: …….

Treasurer' comment: ……..

Approved by: …… Date: …….....