



Member No.

KUSCCO LIMITED

Kenya Union of Savings and Credit Cooperatives Limited

P.O. Box 28403, Tel: 2730191/2722927/2730192, Fax: 2721274 Nairobi

The SACCO Family Union

KUSCCO HOUSING FUND

KUSCCO HOME LOAN MEMBERSHIP APPLICATION FORM

1. Surname	<input type="text"/>	Mr./Mrs./Miss/Prof./Rev./Dr.
First Name(s)	<input type="text"/>	E-mail - Customer <input type="text"/>
Date of Birth	<input type="text"/>	Mobile - customer <input type="text"/>
Nationality	<input type="text"/>	National ID No. <input type="text"/>
	<input type="text"/>	Location <input type="text"/>
County	<input type="text"/>	Sublocation <input type="text"/>
Divison	<input type="text"/>	
Postal Address	<input type="text"/>	

2. Employer	<input type="text"/>
Postal Address	<input type="text"/>
Telephone Number(s)	<input type="text"/>
Occupation	<input type="text"/>
SACCO Member No.	<input type="text"/>

3. The SACCO Society where you are a member

Society Name:	<input type="text"/>
Registration No.:	<input type="text"/>
Postal Address:	<input type="text"/>
Telephone:	<input type="text"/>

4. Next of Kin/Beneficiary

Name

Percentage

[Empty box for Name]

[Empty box for Percentage]

[Empty box for Name]

[Empty box for Percentage]

[Empty box for Name]

[Empty box for Percentage]

5. Monthly Remittance

My monthly Remittance will be

Kshs. [Empty box]

NOTE: Monthly remittance should be done through check-off system and be remitted to KUSCCO Housing Fund. Alternatively the member can pay directly to KUSCCO Limited by cheque or standing order.

I _____ do hereby declare that the information I have given is true and correct to the best of my knowledge and belief

Signature _____ Date _____

6. We the undersigned officials of _____ SACCO Society confirm that Mr./Mrs./Miss/Dr/Prof./Rev. _____ is a *bona fide* and active member of our SACCO. We undertake to remit the sum of money stated under paragraph No. 5 above to KUSCCO Housing Fund, on her/his behalf. (Where applicable).

	NAME	DESIGNATION	SIGNATURE
ANY MEMBER OF THE EXECUTIVE COMMITTEE OR MANAGER	_____	_____	_____

Society Stamp

[Empty box for Society Stamp]

NOTE: THIS FORM MUST BE FORWARDED THROUGH YOUR SACCO SOCIETY OR DIRECTLY TO KUSCCO LIMITED.

FOR OFFICIAL USE ONLY

Applicant recruited by _____

Regional Manager _____

Received by _____ Date _____

KHF - Manager _____

Application considered by KUSCCO Housing Fund Sub-Committee

on _____ and approved by _____

Under Minute No. _____

Your Membership No. is _____

Finance Manager _____ Date _____