



PASSPORT
PHOTO

MEMBERSHIP APPLICATION FORM

A. APPLICANTS PERSONAL DETAILS

Personal Details:

Surname First Name Other Names

Date of Birth Occupation Gender F ☐ M ☐
(month/day/year)

Marital Status Married ☐ Single ☐ Other ☐

Contact Details

Personal mobile Telephone 1.

2.

Personal Email Address

Identification Number

Passport ☐ NIN ☐ Driving Permit ☐ Other ☐

Next of Kin:

Name: Relationship: Phone:

Residential Address:

District Subcountry Parish

Village/Town Road/Street/LC1 Plot No

B. EMPLOYMENT DETAILS

Position/Title Period Served

Employer: IHK ☐ IMC ☐ IMF ☐ External/Others

Office Telephone Work Email

Fill the details below if applying for Associate Membership

Relationship of Associate to full member*: Spouse ☐ Child/Minor ☐

Full member Name Full Member No

C. MEMBER'S OBLIGATIONS

Share capital of Uganda Shillings

Minimum deposit per period (UGX) Paid: Bi-weekly ☐ Monthly ☐

Source of funds: ☐ Salary ☐ Business ☐ others

Mode of Deduction: ☐ Allotment ☐ Standing Order ☐ Cheque ☐ other

D. OTHER RELEVANT INFORMATION

Do you own a business Yes ☐ Is it registered ☐

No ☐ No ☐

Business Name Type of business

Business location Business Contact

Any other professional Information

Incase we need your professional services

E. MARKETING OFFERS

Marketing Offers:

From time to time C-Care SACCO communicates various features/products/promotional offers which significant benefits to its members and may use the services of third party agencies to do so. Do you wish to be informed about such benefits?

☐ I/We expressly authorize C-Care SACCO to use information or data relating to/us for communicating marketing offers as outlined above.

☐ I/We do not receive offers as outlined above.

For customers who wish to receive such marketing offers but do not wish to be communicated by way of telephone calls/SMS's, we offer a 'Do not call' services. To register for this, please speak to one of the financial advisers

Assignment of activities to third party agencies

I/We acknowledge that the C-CARE STAFF SACCO remains entitled to assign any activities to any third-party agencies/service providers as its sole discretion. I/We further acknowledge the right of the C-CARE STAFF SACCO to provide details of my/our account and sharing or transfer of information which will be confidential basis to C-CARE STAFF SACCO employees or third party agencies/service providers for the purpose of availing support services of any nature by the C-CARE STAFF SACCO, including conducting customer survey and also may disclose information if required or permitted by any law, rule or regulation or at the request of any public or regulatory or authorization from me/us.

F. DESIGNATION OF BENEFICIARY

I hereby designate the person/persons named whose photos is/are provided below to receive all my dues from Steadfin in the event of death. I understand that this will be in force until changed or revoked by me in writing

INFORMATION CONCERNING THE BENEFICIARY/BENEFICIARIES

Beneficiaries	1	2	3	4
PASSPORT PHOTO				
NAME				
ADDRESS				
TELEPHONE				
RELATIONSHIP SHARE TO BE PAID (ALL 50% ETC)				

I understand that if I have named more than one person, if that person has died, the share of the person will be passed on to the other survivor (in case of a single survivor) or divided equally among other survivors (in case of more than one survivor).

This form will be void of the above if none of the above- named beneficiary is alive at the time of my death. I hereby reserve my right to cancel or change the beneficiaries at any time, by executing another instrument.

Date of Execution | | Member's Signature | |
Name of Witness | | Signature of Witness | |
Telephone of Witness | | Email of Witness | |
Address of Witness | |

G. DEPARTURE OR TERMINATION OF CONTRACT

I | | hereby authorize C-CARE STAFF SACCO to recover any outstanding loan I have from my savings and any salary or benefits (terminal benefits/severance pay) due to me.

In the event that this is not sufficient to offset the outstanding loan and interest thereof, I will prepare and submit to the chairperson, C-CARE STAFF SACCO MG STAFF SACCO board, with fourteen (14) working days of departure/termination of work for the committee's approval, proposed loan repayment schedule for repayment the outstanding loan and interest within the remaining original loan period or less.

I affirm to the C-CARE STAFF SACCO that departure/termination from work does not nullify my financial obligation to pay any outstanding dues to the and I promise to strictly stick to my repayment schedule.

Contact person in case of departure from employment or termination of employment contract:

First Name | | Last name | |
Relationship | |
Telephone | | Email address | |
Physical address | |

By signing this application below, I acknowledge having received, read and understood the bylaws, policies and guidelines of C-CARE STAFF SACCO. I agree to abide by the same and amendments thereof.

Member's Signature | | Date | |
(month/day/year)