**Serial No: Ufa 1**

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| **Ufa Housing Co-operative Society Ltd** |
| **P O Box 2973-00200, Nairobi. Development House Moi Avenue** |
| **Cell Phones+254 738690660** |
| ***Email:*** [***info@ufahousing.com***](mailto:info@ufahousing.com) |
| ***Website:*** [***www.ufahousing.com***](http://www.ufahousing.com) |



**APPLICATION FOR MEMBERSHIP**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART “I": Individual** | | | | | | | |
|  | |  | | | | |
| 1. | | Full Name…………………………………………………………………………………………………………………………………………………………………………………………….. | | | | |
| 2. | | Nationality | | | Date of Birth………………………………………………………………………………………………………………….. | |
| 3. | | Staff Number………………………………………. | | | ID/Passport No……………………………………………………………………………………………………………….. | |
| 4. | | PIN No…………………………………………………. | | | Address………………………………………………………………………………………………………………………….. | |
| 5. | | Present Location (Country/State/Town………………………………………………………………………………………………………………………………………………… | | | | |
| 6. | | Mobile No…………………………………………… | | | Email……………………………………………………………………………………………………………………………… | |
| 7. | | Name Of Kin/Nominee………………………………………………………………………………………………………………………………………………………………………… | | | | |
|  | | * ID No…………………………………………………………………Date of Birth…………………………………………Relationship……………………………… * Tel NO…………………………………………………………………….Address………………………………………………………………………………………………. | | | | |
| **PART “II": Corporate or Group** | | | | | | | |
|  | |  | | | | |
| 1. | | Full Name……………………………………………………………………………………………………………………………………………………………………………………………. | | | | |
| 2. | | Date of registration…………………………………………………………………………………………………………………………………………………………………………….. | | | | |
| 3. | | PIN No…………………………………………………………………………………………………………………………………………………...………………………………………….. | | | | |
| 4. | | Registration Certificate No………………………………………………………………………………..……………………………………………………………………………….. | | | | |
| 5. | | Location………………………………………………………………………………………………………………………………………………………………………………………........ | | | | |
| 6. | | Address………………………………………………………………………………… | | | | Telephone No…………………………………………………………………………….. |
| 7. | | Email………………………………………………………………………………………………………………………………………………………………………………………………….. | | | | |
|  | | Signatories: | | 1……………………………………………………………………………………………….. | | |
|  | |  | | 2……………………………………………………………………………………………….. | | |
|  | |  | | 3………………………………………………………………………………………………… | | |
| 9. | | Mandate: Any 2 to sign All to Sign | | | | |
| **PART “III": Partnership** | | | | | | | |
| **Partner 1** | | | | | | |
| 1. | | Full Name…………………………………………………………………………………………………………………………………………………………………………………………….. | | | | |
| 2. | | Nationality | | | Date of Birth………………………………………………………………………………………………………………….. | |
| 3. | | Staff Number………………………………………. | | | ID/Passport No……………………………………………………………………………………………………………….. | |
| 4. | | PIN No…………………………………………………. | | | Address………………………………………………………………………………………………………………………….. | |
| 5. | | Present Location (Country/State/Town……………………………………………………………………………………………………………………………………………….. | | | | |
| 6. | | Mobile No…………………………………………… | | | Email……………………………………………………………………………………………………………………………… | |
| 7. | | Name Of Kin/Nominee………………………………………………………………………………………………………………………………………………………………………… | | | | |
|  | | * ID No…………………………………………………………………Date of Birth…………………………………………Relationship……………………………… * Tel NO…………………………………………………………………….Address………………………………………………………………………………………………. | | | | |
| **Partner II** | | | | | | |
| 1. | | Full Name…………………………………………………………………………………………………………………………………………………………………………………………….. | | | | |
| 2. | | Nationality…………………………………………….. | | | Date of Birth…………………………………………………………………………………………………………………… | |
| 3. | | Staff Number………………………………………….. | | | ID/Passport No………………………………………………………………………………………………………………… | |
| 4. | | PIN No……………………………………………………. | | | Address…………………………………………………………………………………………………………………………… | |
| 5. | | Present Location (Country/State/Town…………………………………………………………………………………………………………………………………………………. | | | | |
| 6. | | Mobile No…………………………………………… | | | Email………………………………………………………………………………………………………………………………. | |
| 7. | | Name Of Kin/Nominee…………………………………………………………………………………………………………………………………………………………………………. | | | | |
|  | | * ID No…………………………………………………………………Date of Birth…………………………………………Relationship……………………………….. * Tel NO…………………………………………………………………….Address………………………………………………………………………………………………… | | | | |
| **Partner III** | | | | | | |
| 1. | | Full Name…………………………………………………………………………………………………………………………………………………………………………………………….. | | | | |
| 2. | | Date of registration………………………………………………………………………………………………………………………………………………………………………………. | | | | |
| 3. | | PIN No…………………………………………………………………………………………………………………………………………………...…………………………………………….. | | | | |
| 4. | | Registration Certificate No………………………………………………………………………………..…………………………………………………………………………………. | | | | |
| 5. | | Location……………………………………………………………………………………………………………………………………………………………………………………….......... | | | | |
| 6. | | Address………………………………………………………………………………… | | | | Telephone No……………………………………………………………………………….. |
|  | | Name of Kin/Nominee………………………………………………………………………………………………………………………………………………………………………….. | | | | |
| 7. | | * ID No…………………………………………………………………Date of Birth…………………………………………Relationship……………………………………. * Tel NO…………………………………………………………………….Address…………………………………………………………………………………………………. | | | | |
| 9. | | **Mandate:** Any 2 to sign All to Sign | | | | |
|  | |  | | | | |
| **PART “IV"** | | | | | | | |
|  | | | | | | |
| I/We wish to apply for ……………………………………………………………………………shares of kshs.100.00 each valued at Kshs | | | | | | |
| **Mode of Payment:** | | | | | | | |
|  | |  |  | | | |
|  | | a) | Cash/Bank Cheque/Money Order/Bank Transfers for Kshs……………………………………………………………………………………………………………….. | | | |
|  | | b) | Through my salary in ……………………………………………….. equal installments with effect from……………………………………………………………. | | | |
|  | | c) | Others…………………………………………………………………………………………………………………………………………………………………………………………… | | | |
| **NOTE:** | | | | | | | |
|  |  | |  | | | |
|  | a) | | The minimum share application is 100 shares at Kshs.100 each totaling to Kshs.10,000/- | | | |
|  | b) | | Pay an entrance fee of Kshs 1,000 which is payable only once. | | | |
|  | c) | | All payments must be receipted by Ufa Housing and an official receipt issued. | | | |
|  | d) | | I confirm I have read and will abide with the Society By-Laws. | | | |
|  | **e)** | | **Payment can be done at:**  **BANK: Co-operative Bank, Branch Co-operative House, Account No…………………………………………………………………………………………** | | | |
|  |  | | **Or Ufanisi Sacco Fosa Prime Account No………………………………………………………………………………………………………………………………………** | | | |
|  |  | | **Or M Pesa pay bill number : …………………………..Account number is your ID/Passport Number** | | | |

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| --- | --- | --- | --- | --- |
| **Member Bank Details** | | | | |
|  | | | |
| 1. | Bank Name | |  |
|  |  | |  |
| 2. | Bank Branch | |  |
|  |  | |  |
| 3. | Bank Account | |  |
|  |  | |  |
| 4. | Name of the Account | |  |
|  |  | |  |
|  | Signed Dated | | |
|  |  | | |
| **NOTE:** | | | |
| *1.* | *while returning You are required to attach a copy of your ID, PIN and a passport size photograph on the form to the office* | | |
| *2.* | *These are confidential details and will only be used for the purpose of updating your records only in the office* | | |
| *3.* | *Note that the details given will only change upon receipt of written instruction by the same member.* | | |
|  |  | | |
| **Introduced By:** | | | |
| **Name…………………………………………………………………………………………………………………………………………………………………………………….** | | | |
|  | | | |
| **PART “V”** | | | | |
|  | | | |
| **FOR OFFICIAL USE ONLY** | | | |
| No. of Shares applied…………………………………………………………………..No. of shares allocated…………………………………………………………………………… | | | |
|  | |  | |
| Date of purchase………………………………………………………………………….Processing Officer’s Signature………………………………………………………………… | | | |
|  | |  | |
| Membership number allocated……………………………………………………………………………………………………………………………………………………………………. | | | |