**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*** |
| ***Website:*** [***www.ufahousing.com***](http://www.ufahousing.com) |

 

**APPLICATION FOR MEMBERSHIP**

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| --- |
| **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……………………………………………………………………………………………………………………………………………………………………. |