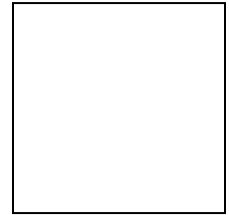




RIDO CO OPERATIVE SAVINGS AND CREDIT SOCIETY LTD
P O BOX 527 IGAYAZA KAKUMIRO DISTRICT
EMAIL: ridosacco@yahoo.com
Tel: 0392002518



INDIVIDUAL MEMBERSHIP APPLICATION FORM

Application Date..... Registration date

I hereby apply for Membership in RIDO SACCO.

Applicants name in full.....Tel No.....

Email Address.....

A/C. NUMBER.

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 Sex.....Date of Birth..... Marital Status

Residential Address (Village, Parish and Sub County)

Village L.C.I/CellParish/ward.....Sub county/town council.....District/municipality..... country

Occupation.....Education level.....Language.....

No of children..... no. of orphans Identity card number.....

Name and address of employer (if any).....

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Other banks

Information about the Sacco was given byTel.....

If application is acceptable, I agree to pay an entrance fee of SHS.....And share Capital of SHS

I agree to abide by the Bye-laws and other rules and regulations of the society in case of death,

I Nominate.....TEL.....Address.....To take over my shares in the society

Signature.....

(Applicant)

FOR OFFICAL USE ONLY

Received by.....

Title.....

Signature.....