



# MEMBERSHIP APPLICATION

## LIMBE LEAF EMPLOYEES SACCO



Book Number

Company Number

Phone Number 1 \*

Phone Number 2

COMPANY NAME

NATIONAL ID NUMBER\*

First Name (Dzina lanu loyamba)

\*

Surname (Dzina La Bambo)

\*

Department

\*

JOB Title(Udindo wanu)

\*

Date Of Birth

Sex

Marital Status\*

\*

DD MM YYYY

MALE/ FEMALE

Single [ ] Married [ ] Widow [ ] Divorced [ ]

Chief (T/A)\*

Mfumu yayikulu ya kwanu

Village Headman

District\*

Mailing Address

Physical Address\*

Highest Education

Mukukhala Kuti?

Monthly Deduction/(Yodulidwa Pamwezi)\*

Shares:

K

Savings:

K

Beneficiaries/ (Wotenga Ndalama zanu mutati mwafa)\*

Dzina la wotenga ndalama zanu mutati mwafa	Relationship / (Ubale)	Share %
1.		
2.		
3.		
4.		
5.		
6.		

I hereby make Application for  
Membership and Agreed to  
Conform to the Bye – Laws and  
Any Amendments thereof.

Signature of Applicant (thumbprint)

Date

DD MM YYYY

Date of Admission

Authorized Signature

Checked BY

Please Verify that the Client is not in the systems before Inputting