

REGISTRATION FORM

CLIENT DETAILS

Mr(s) Miss Surname		ther Names:	Nationality:	PP/ID Number:
Sex (M/F):Date of Birth:	(dd/mm/yyyy)	Marital Status: Single	Married Separated	Divorced Widow(er)
Postal Address:	Postal Code:	Town	Mobile Number:	
Introduced by:		ID NO:	Tel:	
			PP/Id Numbe	r
Postal Address:	Postal Code:	Mobile Number:	Residence:	
Estimated Stock Value (Ksh	s)	ocation:ber		Ownership:
	become a member of Uzima	· · · · · -	refundable registration fees of Kshs e by all UCS Rules and Regulations.	One Thousand (Kshs 1000) . I hereby agree to
Name:	ID NO:_		Signature:	Date:
Officer:		Signature	Date	:
Manager:		Signature	Date:	