

Khasakh0001104



KHASAKH CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

MEMBER REGISTRATION FORM/UPDATE FORM

NAME

NAITJENGO CHRISTINE LYNET

DATE OF BIRTH

8th / Jan / 1987

MARITAL STATUS

SINGLE

TELEPHONE NUMBER

082046556

EMAIL ADDRESS

Christine_Naitjengo@wvi.org

DEPARTMENT/PROJECT

REFARP - MEAL Department

DESIGNATION

NAMUNGOONA - KAMPALA

DATE OF JOINING

8th / 5 / 2019

SAVINGS AMOUNT

150,000F

NAME OF BANK

BARCLAYS BANK

BRANCH NAME

WILLIAM STREET BRANCH

ACCOUNT NO

6002967309

SUBSCRIPTION FEES

20,000 UGX

SHARE PURCHASE

50,000 UGX



KHASAKH CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

SAVING PRODUCTS

PRODUCT	TICK	INTEREST RATE PER ANNUM	MATURITY PERIOD	AMOUNT TO SAVE MONTHLY
1) CHILD SAVER		12%	18 YEARS	
2) EDUCATION SAVER				
• SHORT TERM SAVER		-	3-12 MONTHS	
• MEDIUM TERM SAVER		10%	3 YEARS	
• LONG TERM SAVER		12%	10 YEARS	
3) TARGET SAVER				
• SHORT TERM SAVER		7%	1 - 2 YEARS	
• MEDIUM TERM SAVER	✓	10%	3 - 5 YEARS	150,000 F
• LONG TERM SAVER		12%	6 - 10 YEARS	
4) PENSION SAVER		12%	50 YEARS	
5) GENERAL SAVER		7%	3 - 12 MONTHS	

NOTE

- Savings from all the products can be used as security to acquire credit from the Sacco
- Interest on all saving products will be forfeited if amounts are withdrawn before the set maturity dates.

I HERE BY COMMIT TO EFFECT MY MONTHLY REMITTANCE TO KHASAKH SACCO EVERY MONTH

NAME NATWINGO CHRISTINE L

SIGN

DATE 8/5/2019

**NEXT OF KIN DETAILS**

NAME	MS. NAKIENDE MARGARET
DATE OF BIRTH	30 th / AUG / 1957
RELATIONSHIP	MOTHER
MOBILE	0782954893
EMAIL ADDRESS	margaret.maseruka@gmail.com

I, Majiengo Christine declare that in case of death all my benefits from **KHASAKH SACCO** should be paid to my next of kin as stated above.

Signature Margaret

Date 8th / 5 / 2019

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APPLICATION APPROVED/REJECTED	
DATE: _____	
SIGNED _____	TREASURER: _____