

ZOGHORI REGULATED NON-WDT SACCO SOCIETY LTD

TILU- BILU BUILDING 1ST FLOOR, LET WING ALONG DIGO ROAD OPP. G.P.O. (HUDUMA CENTRE)

"Save Regularly, Borrow Wisely, Repay Promptly"

P. O. BOX 86838 80100 TEL: 0720 615 062/ 0731273560 Email:zoghorisacco@yahoo.com info@zoghorisacco.com website:www.zoghorisacco.com

BENEVOLENT FUND REGISTRATION FORM

NAME OF APPLICANT:	
MEMBERSHIP NO:	ID.NO:
EMPLOYER:	TELEPHONE NO:
EMAIL:	
NAME OF SPOUSE:	
YEAR OF BIRTH (SPOUSE) ID.NO (SPOUSE)	
NAME OF APPLICANT'S PARENTS:	
NAME OF ALL EIGHTS FAREIVES.	
(ATTACH COPY OF ID OF SPOUSE & PARENTS) DEPENDANTS DETAILS	
YOUR OWN CHILDREN	D.O.B
1	
2	
3	
4	
5	
6	
(Attach copies of birth certificates)	
I Mr/Mrs/Miss have I agree to abide by the rules and regulations of the scineed may be.	read and understood the terms and condition and heme which may be reviewed from time to time as
Applicants Signature	Date:
FOR OFFICIAL USE	
NAME OF ADMITTING OFFICER	Date Date
MEMBERSHIP FEE PAID: RECEIPTS NO	
APPROVED BY:	

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