

| MEMBER REGISTRATION FORM |

Bank: POST BANK City Branch | Account name: MUBS SACCO | Account Number: 210000000122

Please fill in using BLOCK LETTERS

Date: Please “√” where applicable

Receipt number:

(For SACCO use only)

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Personal Details		Attach two recent passport photos
First name:	Middle name:	Last name:
Email:	Cell phone:	Sex: M/F
Employment Details		
Department/Section:		
Position:		
Since: DD.MM.YYYY	Contract type:	
Nominee(s)/Next of Kin		
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Witnessed by		

Declaration

I hereby submit my application to join membership of the MUBS-SACCO and agree to abide by the By-laws and / or any amendments thereof. I have fully paid the Membership fee of UGX 50,000.

Applicant’s signature:

Date: DD.MM.YYYY

FOR OFFICIAL USE ONLY

Date of Admission Approved by Board minute No.....

Membership No Certificate No.....

Signature.....Designation.....

| MEMBER REGISTRATION FORM |
VOLUNTARY ASSIGNMENT

To: The Bursar
Makerere University Business School

I Mr/Mrs/Miss/Dr/Prof/Eng. _____ with Staff ID

No. _____ hereby authorizes and requests you to deduct from my
salary pay per month, the sum of shillings: _____

_____ (Amount in words) [UGX _____

(Amount in Figures)] with effect from DD/MM/YYYY. The deductions are to be deposited directly to MUBS SACCO
ACCOUNT. This instruction shall terminate only with the knowledge and written approval of the SACCO
Administration.

Signature: _____

Date: DD/MM/YYYY

Membership No.: _____