



STEADFIN
Many lives. Many futures

Member's
passport photo

MEMBERSHIP APPLICATION FORM

A. APPLICANT'S PERSONAL DETAILS

Personal Details:

First Name | | Middle | | Last Name | |

Date of Birth | | Occupation | | Gender: **F** **M**
(Month/Day/Year)

Marital Status: Married Single Other | |

Contact Details:

Telephone 1. | | 2. | |

Email Address | |

Identification Number:

Passport NIN Driving Permit Other | |

Next of Kin:

Name | | Relationship | | Phone | |

Residential Address:

District | | Subcounty | | Parish | |

Village/Town | | Road/Street/LC1 | | Plot No | |

B. EMPLOYMENT DETAILS

Position/Title | | Period Served | |

Employer: USAID State CDC Peace Corps External

If external, Name of Employer | |

Office Telephone | | Work Email | |

Fill the details below if applying for Associate Membership:

Relationship of Associate to full member*: Spouse Child/Minor

Full Member Name _____ Full Member No. _____

C. MEMBER'S OBLIGATIONS

Share Capital of Uganda Shillings _____

Minimum deposit per period (UGX) _____ Paid: Bi-weekly Monthly

Source of funds: Salary Business Other _____

Mode of Deduction: Allotment Standing Order Cheque Other: _____

D. OTHER RELEVANT INFORMATION

Do you own a business: Yes Is it registered: Yes
 No No

Business Name _____ Type of Business _____

Business Location _____ Business contact: _____

Any other professional information _____

In case we need your professional services

E. MARKETING OFFERS

Marketing Offers:

From time to time Steadfin communicates various features/products/promotional offers which offer significant benefits to its members and may use the services of third party agencies to do so. Do you wish to be informed about such benefits?

I/We expressly authorize Steadfin Uganda to use information or data relating to me/us for communicating marketing offers as outlined above.

I/We do not wish to receive offers as outlined above.

For customers who wish to receive such marketing offers but do not wish to be communicated by way of telephone calls/SMS's, we offer a 'Do not call' service. To register for this, please speak to one of the financial advisers.

Assignment of activities to third party agencies:

I/We acknowledge that the SACCO remains entitled to assign any activities to any third-party agencies/service providers at its sole discretion. I/We further acknowledge the right of the SACCO to provide details of my/our account and sharing or transfer of information which will be on confidential basis to SACCO employees or other third party agencies/service providers for the purpose of availing support services of any nature by the SACCO, including conducting customer survey and also may disclose information if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorization from me/us.

F. DESIGNATION OF BENEFICIARY

I, _____ hereby designate the person/ persons named and whose photo(s) is/are provided below to receive all my dues from Steadfin in the event of my death. I understand that this will be in force until changed or revoked by me in writing.

INFORMATION CONCERNING THE BENEFICIARY/BENEFICIARIES

Beneficiaries	1	2	3	4
PASSPORT PHOTO	Beneficiary's passport photo	Beneficiary's passport photo	Beneficiary's passport photo	Beneficiary's passport photo
NAMES				
ADDRESS				
TELEPHONE				
RELATIONSHIP				
SHARE TO BE PAID (ALL, 50%, ETC.)				

I understand that if I have named more than one person, if that person has died, the share of that person will be passed on to the other survivor (in case of a single survivor) or divided equally among the other survivors (in case of more than one survivor).

This form will be void if none of the above-named beneficiary is alive at the time of my death. I hereby reserve the right to cancel or change the beneficiaries at any time, by executing another instrument.

Date of Execution _____ Member's Signature _____
(Month/Day /Year)

Name of Witness _____ Signature of Witness _____

Telephone of Witness _____ Email of Witness _____

Address of the Witness _____

G. DEPARTURE OR TERMINATION OF CONTRACT

I, _____ hereby authorize STEADFIN Uganda, to recover any outstanding loan I have from my savings and any salary or benefits (terminal benefits/severance pay) due to me.

In the event that this is not sufficient to offset the outstanding loan and interest thereof, I will prepare and submit to the Chairperson, STEADFIN Uganda's board, within fourteen (14) working days of departure/termination of work for the committee's approval, proposed loan repayment schedule for repayment of the outstanding loan and interest within the remaining original loan period or less.

I affirm to the SACCO that departure/termination from work does not nullify my financial obligation to pay any outstanding dues to the SACCO and I promise to strictly stick to my repayment schedule.

Contact person in case of departure from employment or termination of employment contract:

First Name _____ Last Name _____

Relationship _____

Telephone _____ Email Address _____

Physical Address _____

By signing this application below, I acknowledge having received, read and understood the bylaws, policies and guidelines of STEADFIN. I agree to abide by the same and any amendments thereof.

Member's Signature _____

Date _____
(Month/Day /Year)