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## UFALME HOUSING PROJECTS ACCOUNT REGISTRATION FORM

(A PARTNERSHIP BETWEEN KINGDOM SACCO SOCIETY LIMITED & NEW LIFE WELFARE PROGRAMME)

### 1 SECTION A: PERSONAL DETAILS

- 1.1 Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
(As per ID/Passport copy of which is to be attached)
- 1.2 Gender:  Male  Female
- 1.3 ID/Passport No: \_\_\_\_\_ Kingdom Sacco Membership No: \_\_\_\_\_
- 1.4 Residence: \_\_\_\_\_
- 1.5 Email Address: \_\_\_\_\_
- 1.6 Mobile No.: \_\_\_\_\_ Home/Office Telephone: \_\_\_\_\_
- 1.7 Current Address: \_\_\_\_\_ Code: \_\_\_\_\_
- 1.8 Address: \_\_\_\_\_ Code: \_\_\_\_\_
- 1.9 District: \_\_\_\_\_ Location: \_\_\_\_\_
- 1.10 Sub-Location: \_\_\_\_\_ Village: \_\_\_\_\_

### 2 SECTION B: GENERAL INFORMATION

- 2.1 Next of KIN: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2.2 ID/Passport No: \_\_\_\_\_ Guardian (if minor): \_\_\_\_\_
- 2.3 Address of Next of Kin: \_\_\_\_\_
- 2.4 Mobile No.: \_\_\_\_\_ Home/Office Telephone: \_\_\_\_\_

### 3 SECTION C: EMPLOYMENT DETAILS

- 3.1 Profession: \_\_\_\_\_
- 3.2 Current Engagement:  Employed  Self-Employed  Both
- 3.3 Name of Employer/ Business: \_\_\_\_\_
- 3.4 Nature of Business: \_\_\_\_\_
- 3.5 Physical Location: \_\_\_\_\_
- 3.6 Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_
- 3.7 Employer's/ Business Telephone : \_\_\_\_\_

**4 SECTION D: DECLARATION**

I, \_\_\_\_\_, do hereby declare that the information given above is true and accurate to the best of my knowledge and information and that I have read and understood the terms and conditions of membership to Ufalme Housing Co-operative Society Limited and that I accept to be bound by the same.

***This form should be returned to the Ufalme Housing Co-operative Society Office with the following attachments:***

- \* A copy of Id/Passport,
- \* Copy PIN Certificate,
- \* A Recent Coloured Passport Photographs
- \* Duly completed Nomination Form for each Beneficiary
- \* A copy of the ID or Birth Certificate of each Beneficiary

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5 SECTION E: FOR OFFICIAL USE ONLY**

5.1 Verified and Input By: \_\_\_\_\_ Date: \_\_\_\_\_

Account No. Assigned \_\_\_\_\_

5.2 Application Approved/ Not Approved (*Cross what does not apply*)

Approval By: \_\_\_\_\_ Date: \_\_\_\_\_