



UMODZI SACCO Christmas Savings Form

Personal Information

First Name : _____ Surname : _____

Gender: _____ Date of Birth: _____

Sacco Number : _____ National ID #: _____

Employment number : _____

Residential Address: _____

Email Address: _____

Date : _____ Contact numbers : _____

Next of Kin Details

Full Name : _____

Contact numbers : _____

Relationship: _____ National ID #: _____

Residential Address: _____

Deduction

Once off: _____

Quarterly : _____

Monthly: _____

Others: _____

I here by acknowledge and accept that these funds will only be accessed in December according to the Sacco By Laws.

Member's Signature

Director's Signature

Accomplish Your Financial Dreams