



WAMU SOS COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

P. O. Box 27510, Kampala, Uganda Tel: +256-414-322247 / 49 / 50, 0392, +256-701-170232

APPLICATION FORM

A. POSITION APPLIED FOR

B. APPLICANT'S BIO DATA

- i. Name of Applicant.....
- ii. Date of Birth
- iii. Sex.....
- iv. Address.....
- v. Telephone No.....
- vi. National Identity Card No.

C. EDUCATION:

- P1-P7 YearSchool
- S1-S4 Year.....School.....
- S5-S6 Year.....School

D. POST -SECONDARY:

- Certificate Year Course.....
Institution.....
- Diploma Year.....Course.....
Institution.....
- 1st Degree Year.....Course.....
Institution.....
- 2nd Degree Year.....Course.....
Institution.....
- Postgraduate Year..... Course.....
Institution.....
- Others Year Course
- Institution.....
- Course
- Institution.....

E. MY CONTRIBUTION TO WAMU SOS SACCO WILL BE.

- 1.
- 2.
- 3.



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4.
5.
6.
7.

I confirm that the above stated information is correct and true.

Signature of applicant.....

Date.....