

MEMBERSHIP APPLICATION FORM

For official use only

Membership No	
Enrolment Date	

1. Company Information

Club Name	
Company Type (tick whichever is applicable)¹	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Association <input type="checkbox"/> Not Registered <input type="checkbox"/> Other Non-deposit taking Lender Others (Specify) _____
Year of formation	

2. Contact Details

Physical Address (for your head office)	
Telephone Number(s)	
Email Address(es)	
Postal Address(es)	
Contact Person	
Contact person's mobile number	
Contact person's responsibility	

¹ Please attach a copy of your certificate of incorporation or its equivalent

3. Directors' Details

The following are our directors:

SN	Director's Name	Director's title	Phone number
1.			
2.			
3.			
4.			

4. Fees (for premium and corporate members)

We hereby enclose a cheque/cash in respect of:

Please tick one of the 2 options below:

SN	Initial application period	Tick	UGX
1.	1 year subscription (for premium members)		Free
3.	1 year subscription (for premium members)		100,000
4.	1 year subscription (for corporate members)		1,000,000

5. Attachments:

We hereby enclose the following documents:

SN	Item	Tick
1.	Photocopy of Certificate of incorporation / registration (if any)	
2.	Photocopy of Directors' IDs / Passports	

6. Declaration:

We hereby declare that all the information supplied in this form is correct to the best of our knowledge. We therefore apply for membership.

Signature: _____

Date: _____

For Fathom Associates Official Use Only:

1. Form Supporting Documents:

Received by: _____

Date: _____

2. Payment:

Receipt No: _____ Amount (UGX): _____ Date: _____

Received by: _____

Signature: _____