



UCSCS/F/BDM /011

P.O. BOX 44071 - 00100, NAIROBI, TEL: 2785000/0111035600,
Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

MEMBER INQUIRY FORM

PART A. MEMBER DETAILS

Member Name

ID/Passport No. of Member:

Member Mobile No.

Employer of Member

Nature of Inquiry (Refunds, Loans, Benevolent, Dividends etc)

DESCRIPTION OF INQUIRY:

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PART B. DELEGATES DETAILS

Delegates Name Branch

Delegates Signature Date.....

PART C. OFFICIAL USE

1. Addressed by:

Staff Name..... Signature

2. Inquiry Status (tick appropriately)

Resolved Escalated to