



BONDEMALA INVESTMENT –SMC LIMITED

TEL: 0783188549/0751776516/0744781551

Email: [bondemalainvestment@gmail.com/](mailto:bondemalainvestment@gmail.com)
info@bondemalainvestment.com

HEAD OFFICE: KAMPALA CAPITAL CITY

**BRANCH OFFICES: NORTHERN REGION- GULU CITY
 COUNCIL AND NWOYA DISTRICT**

MEMBERSHIP APPLICATION /PARTICULARS

(UP-DATES) FORM

Our Ref: **BI-SMCL**

FOR OFFICIAL USE

MEMBERSHIP NO. :	
ENROLMENT DATE:	
REGISTRATION DATE:	

Attach one passport size photograph

NOTE: (PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS)

1.0 PERSONAL INFORMATION (BIO DATA)

TITLE: Dr Mr Mrs Miss Others.....

SURNAME

OTHER NAME(s)

AGE DATE OF BIRTH.....

NATIONALITY TRIBE

SEX..... Email

Disabilities if anyBLIND DEAF PHYSICAL

OCCUPATION..... RELIGION.....

NIN.....

NB: PHOTOCOPIED NATIONAL ID MUST BE ATTACHED WITH THIS FORM WELL SIGNED.

1.1 PLACE OF BIRTH

- a) Village..... b) Parish.....
- c) Sub countyd) County.....
- e) District.....

1.2 MARITAL STATUS (TICK APPROPRIATE)

- a) Married b). Single c) Divorced d) Widowed
- e) Separated

2.0 SPOUSE DETAILS

SURNAME

OTHER

NATIONAL ID NUMBER (NIN)

RELIGION

CITIZENSHIP TYPE (TICK APPROPRIATE)

- BY BIRTH DUAL CITIZENSHIP
- BY NATIONALIZATION , BY PRESUMPTION
- BY RELIGION , IF DUAL, state citizenship and other nationality

TEL.....

Place of marriage Date of marriage (DD/MM/YY)

Type of marriage Civil , Religious , Cultural.

Marriage certificate number

OTHER SPOUSES (refer to Annex 1) YES , NO.

If yes, number of other spouses

D/O or S/O

ADDRESS (where the wife/husband stays currently)

District..... County
Sub county Parish
Village

3.0 FATHERS'S DETAILS

SURNAME

OTHER

NATIONAL ID NUMBER (NIN)

RELIGION

CITIZENSHIP TYPE (TICK APPROPRIATE)

BY BIRTH DUAL CITIZENSHIP

BY NATIONALIZATION, BY PRESUMPTION

BY RELIGION , IF DUAL, state citizenship and other nationality

LIVING STATUS: ALIVE, DECEASED , UNKNOWN.

OCCUPATION.....TEL.....

FATHER PLACE OF RESIDENCE

District..... County

Sub county Parish

Village

4.0 MOTHER'S DETAILS

SURNAME

OTHER

NATIONAL ID NUMBER (NIN)

RELIGION

CITIZENSHIP TYPE (TICK APPROPRIATE)

BY BIRTH DUAL CITIZENSHIP

BY NATIONALIZATION BY PRESUMPTION

BY RELIGION IF DUAL, state citizenship and other nationality

LIVING STATUS: ALIVE DECEASED UNKNOWN.

OCCUPATION.....TEL.....

MOTHER'S PLACE OF RESIDENCE:

District.....County.....

Sub countyParish.....

Village

5.0 ADOPTIVE/GUIDANCE DETAILS

SURNAME

OTHER

NATIONAL ID NUMBER (NIN)

RELIGION

CITIZENSHIP TYPE (TICK APPROPRIATE)

BY BIRTH DUAL CITIZENSHIP

BY NATIONALIZATION BY PRESUMPTION

BY RELIGION IF DUAL, state citizenship and other nationality

LIVING STATUS: ALIVE DECEASED UNKNOWN.

OCCUPATION.....TEL.....

ADOPTIVE/GUIDANCE PLACE OF RESIDENCE

District..... County

Sub county Parish

Village

6.0 PERMANENT (PERSONAL) ADDRESS

Postal address..... Tel

Physical Address Fax

Email (s)

7.0 PREVIOUS EMPLOYMENT DETAILS

Job Title Organization
Postal Address Located
Tel Fax
Email



LEFT HAND THUMB PRINT

8.0 PRIMARY NEXT OF KIN

NAMES
Relationship..... District
County Sub county
Parish /ward Village.....
Tel NIN
Religion.....

9.0 SECONDARY NEXT OF KIN

NAMES
Relationship..... District
County Sub county
Parish /ward Village.....
Tel NIN
Religion.....

10.0 PARTICULARS OF LIVING CHILDREN (SEE FOOTNOTES)

S/NO	NAME OF LIVING CHILDREN	SEX	DOB	MODE OF ACQUISITION	MOTHER'S/FATHER'S NAME	REMARKS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

NOTE: 1. on mode of acquisition, fill in whether the child is biological one (direct percentage), adopted or otherwise as appropriate.

2. on remarks after mother's/father's names, fill in whether you are still married, divorced, separated or otherwise as appropriate.

11.0 EDUCATIONAL BACKGROUND

Academic Qualification (PLE, "O" Level onwards)

S/NO	QUALIFICATION	YEAR FROM	YEAR TO	AWARDING INSTITUTION	YEAR OF AWARD
1.					
2.					
3.					

4.					
5.					
6.					
7.					

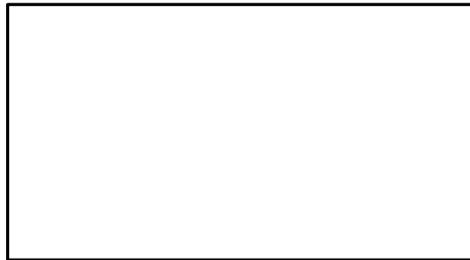
NOTE:

Provide originals of all educational certificates to the **Secretary Bondemala Investment – SMC Limited** for verification.

12.0 DECLARATION

I.....
in my open minded and sober do accept that all my particulars as filled
above all done by myself in my right senses and all truly define my
Bio-Identity.

Signature Date



RIGHT HAND THUMB PRINT

13.0 FOR OFFICIAL USE ONLY

Chairman, Verification Committee **Secretary-BI-SMCL**

Names Signature

Date **(DD/MM/YY)**

Comments of **Secretary**- BONDEMALA INVESTMENT- SMC LIMITED

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Approved by

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DIRECTOR

BONDEMALA INVESTMENT-SMC LIMITED