

POLICE SAVINGS ASSOCIATION LTD (PSAL)

P.O.Box 9685 Kampala (U)

Mob Tel: +256 781948908

Email: policesavings@yahoo.com | policesavings2022@gmail.com

Website: www.psal.co.ug

1. APPLICATION FOR MEMBERSHIP AND REGISTRATION

(Complete in block letters and submit with (3) passport photographs)

The Chairperson

Police Savings Association Ltd

I hereby make an application of monthly savings and agree to conform to the Association by laws and amendments thereof.

Full Name Mr. / Mrs. / M/S.....

Date of Birth.....Department.....Station.....

File / Force No.....Rank.....Term of Service.....

Present Address.....Tel No.....

Email Address.....

Signature of Applicant Date.....

(ATTACH A LETTER OF UNDER TAKING)

2. AUTHORITY TO MAKE DEDUCTIONS FROM MY SALARY

IHereby Authorize Police Savings Association Ltd to Deduct Ug Shs..... from My Salary Every Month With effect from.....

IPPS NO..... (Minimum contribution / savings is 30,000/= for other ranks and Inspectorates, 50,000/= for Gazetted officers and 100,000/= for professional payees like Engineers, Medical, Lawyers, etc.)

Signature of Applicant

3. NOMINATED NEXT OF KIN

I the undersigned, in the effect of death whilst a member of the Association, hereby instruct the Association to pay all the amount due to me, less any debt to the Association, to the person named in this section. (The name of the nominee can be given in a sealed letter) I understand that I may alter the name of nominated next of kin by filling in a fresh nomination form.

NOMINATED NEXT OF KIN (FULL NAME)

RELATIONSHIP TO THE APPLICANT

ADDRESS OF THE NEXT OF KIN

WITNESS

1. NAME..... 2. NAME.....

SIGNATURE..... SIGNATURE.....

Signature of Applicant

PSAL MEMBER DATA CAPTURE FORM

BIO DATA

Member 's Name

Gender

☐

Male

☐

Female

Date of Birth

Physical Address

NIN No.

CONTACT

Phone 1

Phone 2

E-Mail

FORCE DETAILS

File/Force No.

Warrant Card No.

Rank

Directorate

Department

District

Station

Post

NEXT OF KIN

Name

Relationship

Gender

☐

Male

☐

Female

Physical Address

E-Mail

Phone

National ID

WITNESSES

Witness 1

Witness 2

NB Attach passport photo on return of this form