MEMBERSHIP No

Creating wealth for a better tommorrow

SOLAR APPLICATION FORM

Phone No:

Fullname: National ID No:

Nationality: District: T/A:

Village: Occupation:

PRODUCT DETAILS

Product Name: Number Of Items:

Serial Number:

MEMBER DECLARATION

I _____hereby declare that the information provided above is true and accurate.

I request to be considered for a Solar Loan Facility.

Member Signature: _____

Date: ___ / ___ / _____

FOR LIGHTHOUSE SACCO USE ONLY.

Authorized By:

Official Name:_____signature:_____Date:_____