



**UGANDA
COOPERATIVE
ALLIANCE LTD**

APPLICATION TO SERVE ON THE UCA BOARD

Name of applicant

Age Gender Nationality

Position applied for

Whether the applicant is from a UCA member Cooperative YES NO (*Use a tick*)

Name of UCA Member Cooperative

.....

Reg. No. No. of fully paid up Members/ Primary Coops

RegionArea of operation

Year when the Cooperative registered with UCA as a Member

If the Cooperative is fully subscribed with UCA YES NO (*Use a tick*)

If the Cooperative has held AGM in the last one year YES NO (*Use a tick*)

If the Cooperative participates in UCA activities YES NO (*Use a tick*)

Year when the Cooperative last participated in UCA activities

Name of UCA activity (s)

If the Cooperative participates in UCA AGM's YES NO (*Use a tick*)

If Yes; Year when the Cooperative last participated in UCA AGM

If the applicant is an active member of his/her Cooperative YES NO *Use a tick)*

If the applicant has served on any Committee of the Cooperative YES YES *Use a tick)*

Position held on the Committee No. of years served.....

Year when applicant was elected on such committee period served.....

If the applicant has ever served on the UCA Board YES NO (*Use a tick)*

Period when applicant served on UCA Board: From to

Whether he/ she completed his/her term of office YES YES (*Use a tick)*

If **NO** give reasons

.....
.....

Applicant's highest level of education

Other educational and professional qualifications:

- 1)
- 2)
- 3)
- 4)
- 5)

Current employment

Work experience

- 1)

- 2)
- 3)
- 4)
- 5)

Business of the Cooperative (for the applicant)

Whether currently the Cooperative is doing Business YES NO *(Use a tick)*

Nature of Business

Annual turnover in Ugx. *(Attach current Audited accounts if available)*

Fit and Proper person

I.....declare that I am **a fit and proper person to manage, control, become a director of Uganda Cooperative Alliance and I;**

- a. Have never been convicted of the offence of fraud or any other offence of which dishonesty or violence is an element;
- b. Have never contravened any law designed for the protection of members of the public against financial loss due to the dishonesty or incompetence of, or malpractice by, persons engaged in the provision of banking, insurance, investment or other financial services or the management of companies or against financial loss due to the conduct of a discharged or undischarged bankrupt;
- c. Have never taken part in any business practice that was deceitful or oppressive, fraudulent, prejudicial or otherwise improper whether unlawful or not, or which otherwise reflect discredit on his or her method of conducting business

- d. Have never engaged or taken part in or been associated with any other business practices or otherwise conducted myself in such manner as to cause doubt on my competence and soundness of judgment;
- e. Have never defaulted on a loan or credit accommodation or a company in which I am a director has never defaulted on a loan or credit accommodation.

Signed

Declarant.

Recommendation by your *Cooperative*

.....
.....

Name

Position

Signature

I herby confirm to the best of my knowledge that the information provided above is true and nothing but the truth.

Signature Date