



**CREDIT INFORMATION SHARING (CIS)**

**PROGRAMME UPLOAD FORM**

**METROPOL CREDIT REFERENCE BUREAU**

**KUSCCO LTD**

**SHELTER AFRIQUE CENTRE,**

**KUSCCO CENTRE, MARA ROAD**

**UPPERHILL**

**UPPERHILL**

**P.O BOX 35331-002000**

**P.O BOX 28403-00200**

NAME OF SACCO: .....

PHYSICAL LOCATION:.....

EMAIL ADDRESS:.....

WEBSITE:.....

OFFICE TELEPHONE:.....

JOINING FEE:                      CHEQUE NO.....KSHS .....

DATE : .....

REGIONAL MANAGER: .....

SIGNATURE: .....

**CONTACT PERSON**

Name: .....

Position: .....

Tel contact: .....