

APPLICATION FOR MEMBERSHIP FORM

One must attach a copy of I/D both sides and two passport size photographs

I hereby make an application for membership and agree to abide by the Co-operative Societies Act and Rules, the Society's By-Laws, Loan Policy and any amendments thereof:

Full Name: Signature:
ID/No: Nationality:
Date of Birth:
Private Postal Address:
Telephone No.: Cell Phone:
Designation: Payroll No:
Terms of Employment: Station:
Home Postal Address: County:
Email Address:

AUTHORITY TO MAKE DEDUCTIONS FROM MY MONTHLY SALARY EARNED FOR WORKING AT _____.

I hereby authorise _____ Ltd to deduct a joining fee of **Kshs. 1,000.00**, plus a monthly share contribution of **Kshs.** with effect from the month of until further notice.

Signature of the applicant: Date:

NB. The application for membership is incomplete unless accompanied by a duly completed and signed Appointment of Nominee Form

TO BE COMPLETED BY THE HUMAN RESOURCES MANAGER

I the (designation) hereby certify that Mr/Mrs/Miss is eligible/ineligible (delete as appropriate) for membership.

Reasons for ineligibility
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Signature Date:

OFFICIAL USE ONLY

DATE OF ADMISSION: Membership No:
Approved by Management Committee as per Minute No. and deductions take effect from

DATE OF CEASATION: Date:

Signature: Date:

Secretary General

CONFIDENTIAL

APPOINTMENT OF NOMINEE FORM

Member's full name:.....
Private Address.....
Membership Number..... ID/No..... Payroll No.....

NOMINEE:

I freely nominate:

1. I/D NO. of P O Box
Tel. No. Relationship Percentage.....
2. I/D NO. of P O Box
Tel. No. Relationship Percentage.....
3. I/D NO. of P O Box
Tel. No. Relationship Percentage.....
4. I/D NO. of P O Box
Tel. No. Relationship Percentage.....
5. I/D NO. of P O Box
Tel. No. Relationship Percentage.....

SPECIAL INSTRUCTIONS

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and in the event of my death, I authorize you to pay all the amount due to me to the person/s now so nominated.

Signature of Member

..... **Date:**.....

WITNESSES

1. Mr/Mrs/Miss..... I/D NO. Signature.....
2. Mr/Mrs/Miss..... I/D NO. Signature.....

FOR OFFICIAL USE ONLY

Registered and sealed under Society's Seal

.....
SECRETARY GENERAL

.....
DATE