TO BE COMPLETED IN DUPLICATE

KIRUNGII CO-OPERATIVE

SAVINGS & CREDIT SOCIETY LTD

P.O. BOX 30029, NAIROBI, TEL.4441344 NAIROBI

PRIVATE AND CONFIDENTIAL

MEMBERSHIP APPLICATION FORM

FULL NAME OF THE APPLICANT:.....

MARITAL STATUS:.....

DATE OF BIRTH ..... ID NO .....

EMPLOYER:.....

PAYROLL NUMBER:.....

ADDRESS:.....

NEXT OF KIN:.....

ADDRESS:.....

DEPARTMENT:.....

I enclose **Shs.1000** being my registration fee and **Shs.10,000.** for the purchase of fifty shares.

SIGNATURE OF THE APPLICANT:..... DATE:.....

APPLICATION APPROVED BY THE MANAGING COMMITTEE

CHAIRMAN/
VICE CHAIRMAN:..... DATE:.....

SECRETARY:..... DATE:.....

TREASURER:..... DATE:.....

FOR OFFICIAL USE ONLY

TOTAL AMOUNT RECEIVED

SHS:.....

TREASURER'S SIGNATURE

..... DATE.....

cc: Secretary

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SAVINGS & CREDIT SOCIETY LTD
P.O. BOX 30029, NAIROBI, TEL.4441344 NAIROBI

TO: DELOITTE LIMITED.
P O BOX 30029
NAIROBI

AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

I,..... hereby authorize you to deduct Shs..... from my monthly salary and pay the same to Kirungii Co-operative Savings and Credit Society Ltd., with effect from the month of.....2022 until further notice.

Member's Signature:..... Date:.....

Payroll No:.....

Treasurer's Endorsement:.....

.....

.....

cc: Treasurer

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KIRUNGII CO-OPERATIVE SAVINGS & CREDIT SOCIETY LIMITED

NOMINATION OF BENEFICIARY FORM

I _____ Membership No: _____

Hereby request the SACCO to pay any benefits in my name which shall become due to me as follows:

NAME AND ADDRESS OF BENEFICIARY IN FULL	PROPORTION %	RELATIONSHIP TO MEMBER
1		
2		
3		
4		

I further declare that in the event of any person nominated, being a minor on the date which payment of such monies become due, I hereby authorize the SACCO to pay such sums as they be due to such minors in accordance with the disposition to the person hereinafter named for and on behalf of the minor.

Person to whom payment is to be made if a beneficiary is a minor at the date of member's death:-

NAME AND ADDRESS OF GUARDIAN IN FULL	ID No/PASSPORT
	……

I further request the SACCO to record this nomination.

I understand that this nomination shall not be binding upon the SACCO and that it nullifies any previous nominations.

Signature of Member …… Date:

OFFICIAL USE ONLY

Received and recorded by the SACCO on: ……
(Date/Month/Year)

Signed:……
SECRETARY