KENPIPE SAVINGS AND CREDIT SOCIETY LTD
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Affix photo

MEMBERSHIP APPLICATION FORM (BY-LAW NO.8)

(To be filled in duplicate)

I HEREBY MAKE APPLICATIONN FOR MEMEBRSHIP OFF YOUR SACCO AND AGREE TO ABIDE BY THE LAW AND/OR ANY AMENDMENTS THEREOF/IN THE KENPIPE CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

A. APPLICANT'S PARTICULARS

Names…… Date of Birth……Company No……

ID no (attach copy)……Position of employment……Management ☐ Union ☐

Terms of employment……Permanent ☐ Temporary ☐

Name of Employer……

Department……Work station……Mobile No……

Email Address……Employer's Address……

Residential Address……

District……Division……Location……Sub location……

Monthly Deposit contribution Ksh…… (In words)……

Shares contribution (class A members) Ksh……Effective Date……

B. SOURCE OF FUNDS

Salary ☐ Pension ☐ Business ☐ Other (specify)……

C. PROPOSED MODE OF DEDUCTION

Check-off ☐ Standing Order ☐ Direct debit ☐ Other (specify)……

D. NOMINEE INFORMATION

NAME	ID/NO	RELATIONSHIP	CONTACTS/ADDRESS	DATEOF BIRTH	%

Please note that if the nominee is below 18years of age then the amount of deposit will be forwarded to the public trustee

APPLICANT'S SIGNATURE……DATE……

WITNESS NAME……SIGNATURE……DATE……

E. FOR OFFICIAL USE

DATE OF ADMISION TO MEMEBRSHIP……ALLOCATED MEMBERHIP NUMBER……

ADMISSION CATEGORY……

SIGNED……DATE……