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WAKARIMU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

HDQ: BARAKA PLAZA, NAKURU; TELEPHONE: +254 724 57 00 14

BRANCH OFFICE: GIPACK BUILDING NEXT TO G4S OFFICE, MOLO; TELEPHONE; +254 720 11 75 88

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wakarimu.saccold13625@gmail.com

THE SECRETARY

APPLICATION FOR MEMBERSHIP

I.....

Hereby make application for membership of WAKARIMU SACCO LIMITED and undertake to be bound by the Cooperative Society's ACT and rules, the Society's By-laws and regulations and decisions of the society's General meetings and Management Committee.

NAME.....

NATIONALITY.....ID NO/PASSPORT NO.....

DATE OF BIRTH.....MARITAL STATUS.....

NAME OF

SPOUSE.....OCCUPATION.....

CURRENT POSTAL ADDRESS.....TOWN.....POST CODE.....

TELEPHONE

(BUSINESS).....CELLPHONE.....

EMPLOYER.....EMPLOYER ADDRESS.....

DEPARTMENT/SECTION.....TERMS OF EMPLOYMENT.....

DATE EMPLOYMENT CONTRACT ENTERED INTO.....CONTRACT

EXPIRY DATE.....CONTRACT RENEWAL DATE.....

NATURE OF BUSINESS.....LOCATION.....

DATE OF

INCORPORATION/REGISTRATION.....

DESIGNATION.....

HOME POSTAL ADDRESS (PERMANENT Address).....

DISTRICT OF ORIGIN.....DIVISION.....

LOCATION.....SUB-LOCATION.....VILLAGE.....

NB. Before admission to Membership one shall be required to pay registration fee of KES 1000.00. An Insurance premium of KES. 50.00 shall be payable on monthly basis.

Monthly deposits KES.....Note that the minimum contribution is KES 1000.00. While the minimum shareholding is KES.20, 000 (1000 shares @20/=)

I

Hereby declare that the information furnished is true and understand that this information shall form the basis of my Membership to the same society.

Applicant
Signature.....

.....Date...

Employers
Recommendation.....

DateSignature/Rubber stamp.....

1st Referee

FULL NAMES.....ID NO.....

POSITION IN
SACCO.....MNO.....ZONE.....CENTER.....

COMMENTS.....

SIGNATURE.....DATE.....

2nd Referee

FULL NAMES.....DATE.....

POSITION IN
SACCO.....MNO.....

ZONE.....CENTER.....

COMMENTS.....

SIGNATURE.....DATE.....

FOR OFFICIAL USE ONLY

MEMBERSHIP FEE PAID KES.1000/= RE-ENTRY FEE KES. 1050/=

MINIMUM SHARE PAID KES.1000/= INSURANCE KES.50/=

APPLICATION CONSIDERED ON

APPLICATION APPROVED/REJECTED BY MANAGEMENT COMMITTEE UNDER MINUTE NO.....

CHAIRMANSIGNATURE.....

SECRETARY.....SIGNATURE.....

DATE OF ADMISSION.....OFFICERS.....DESIGNATIO.....

SIGNATURE.....SOCIETY RUBBER STAMP

MEMBERSHIP NUMBER.....DATE OF CESSATION.....

NOMINEE DECLARATION FORM

IM/NO.....ID NO.....

Of Box

[Home permanent address]

In the event of my death or insanity whilst a member/employee of Wakarimu SACCO, hereby instruct the society to pay all amounts due to me less any debts to the Society to my Nominee(s).

Hereby nominate the following as my Nominee(s) in accordance with Rule 11 of the Cooperative Societies Rules 1998:

- 1.ofpercentage.....
- 2.ofpercentage.....
- 3.ofpercentage.....
- 4.ofpercentage.....
- 5.ofpercentage.....

In the event of either Nominee being unable or unwilling to take up his/her dues when called upon, that Nominee's dues shall be distributed to the other Nominees in equal proportion.

This appointment is made atthis.....

Day of [Month]..... [Year] by the forenamed.....

Signeddate

Signature of member/employee

AND WITNESSEDBY:

1. Name of Witness.....ID/NO.....

Signature..... Date

2. Name of Witness.....ID/NO.....

Signature..... Date

NB. Only by filing a new Nominee Declaration Form may made alteration(s).

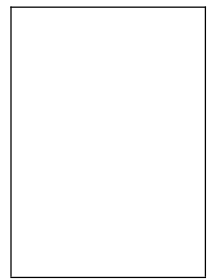
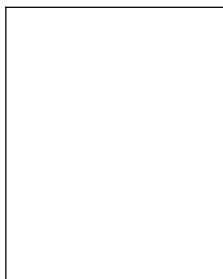
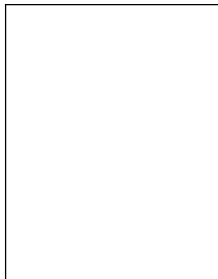
This instruction/s cancels and super cedes my earlier instructions dated

.....

..... Date

Where possible a fix

corresponding



passport photographs of the appointed Nominee(s)