

KINGA

SAVINGS & CREDIT CO-OP SOCIETY
P. O. Box 22951, NAIROBI

APPLICATION FOR MEMBERSHIP

No. _____

Date of Application: _____

A. Details of Applicant

Full Names (In block Capitals) _____

Date of Birth _____

Postal Address _____

Telephone _____ Off: _____ Mobile: _____

Occupation: _____

B. Entrance Fee

I will contribute a non-refundable fee of **Ksh1,000/-** as stipulated under clause 9 of the By-Laws of Kinga Savings & Credit Society.

C. Share deposit

I will contribute non -refundable but transfereable Ksh 12,500 as my Share Capital.

D. Shares

My monthly contributions will be Ksh _____ per month (Please note that this contribution should be made by Check-Off System)

Month of First Contribution _____

Signature of Applicant _____

Date _____

For Official Use only:

Application approved by:

Chairman _____ Date _____

Secretary _____ Date _____

Treasurer _____ Date _____

By appending my signature, I give authority to the Payroll Administrator to deduct the above monthly contributions from my salary and remit the same to the society. Also, I will abide by the rules and regulations as stipulated in the By-Laws of the Society.

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APPOINTMENT FOR NOMINEE

I (name of member) _____ of P.O.Box _____

Being a member of the above society, do hereby appoint as my Nominee (beneficiary)

Full names of Nominee _____

Postal Address _____

Telephone Off: _____ Mobile: _____

Signature of member _____ Date: _____

In the presence of:

Witness (Name) _____ Sign: _____

Date : _____

Witness (Name) _____ Sign: _____

Date : _____

NB: Every member shall have the right to change his/her nominee subject to:

- a. Any such change or alteration must be in writing
- b. Such change or alteration must be attested by two witnesses.

The purpose of this appointment is to establish a nominee/beneficiary to whom shall be transferred a member's shares, deposits, or any other interests less any sums due to the society upon the unfortunate death of the member
