



KUMBU KUMBU SACCO SOCIETY LTD.

Email: info@kumbukumbusacco.co.ke

Mobile: 0713 – 957671

Wireless: 020 232 4531

P.O Box 22330 - 00400

Tel: 3744708

Nairobi.

I APPLICATION FOR MEMBERSHIP

I hereby make application for membership and agree to confirm to the society's By-Laws and any amendment thereof.

FULL NAME: MR/MRS/MISS/DR.....DATE.....

DATE OF BIRTH.....OFFICIAL DESIGNATION..... Mobile no.....

PAYROLL NO:.....TERMS OF SERVICE:.....

ID/NO:.....EMPLOYER.....Introduced by(private).....

DEPARTMENT:.....STATION:.....

PRESENT ADDRESS:.....HOME ADDRESS:.....

DECLARATION FOR PAYMENT

a) Entrance fee of Kshs. 500 payable once only

b) Monthly contribution of Kshs:.....Amount in words.....

.....with effect from.....

Please attach photocopy of your identity card both sides

.....Signature of applicant

II NOMINATED NEXT OF KIN (PER BY-LAW 13)

Pursuant to the By-Laws of this society, I the undersigned, in the event of my death, whilst a member of the society, hereby instruct the society to pay all amount due to me, less my debts to the society, to the person in this section.

The name of my nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

1. Name:.....Relationship to you.....I/D NO.....

2. Name:.....Relationship to you.....I/D NO.....

CONTACT ADDRESS OF NEXT OF KIN.....Mobile no.....

WITNESS:.....signature

Signature of applicant.....

III FOR SOCIETY USE ONLY

DATE OF ADMISSION TO MEMBERSHIP.....FIRST DEDUCTION.....

MEMBERSHIP REGISTER NO:.....ENTRANCE RECEIPT NO.....

CHAIRMAN'S SIGNATURE.....RECORDED BY MANAGEMENT COMMITTEE

DATE OF WITHDRAWAL.....MINUTES NO:.....DATE.....

CHAIRMAN'S SIGNATURE.....DATE OF REFUND.....

VOUCHER CHEQUE NO:.....MINUTE NO:.....DATE:.....