



# KUMBU KUMBU SACCO SOCIETY LTD.

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## K.K SAVINGS PRODUCTS

### I APPLICATION FOR SAVINGS PRODUCTS

I hereby make application for membership in the following saving scheme and agree to abide by its conditions as stipulated and any changes by the management board thereto.

- a) Events savings scheme ☐  
b) Holiday savings scheme ☐  
c) K.K Malaika Savings A/C ☐  
d) Withdrawable savings scheme ☐

(Tick where applicable)

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

Name of child (optional for malaika account only).....

DATE OF BIRTH.....OFFICIAL DESIGNATION.....

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

ID/NO:.....EMPLOYER.....

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

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

#### DECLARATION FOR PAYMENT

- a) Entrance fee of Kshs. ....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.....

WITNESS:.....signature Signature of applicant.....

### III FOR SOCIETY USE ONLY

DATE OF ADMISSION TO SCHEME.....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.....