



PPP.O. Box 65051-00618, Ruaraka, NAIROBI, Email: [jiranimwema@live.com](mailto:jiranimwema@live.com)

### 1. APPLICATION FOR MEMBERSHIP. ( Complete this Form in CAPITAL Letters)

**The Secretary**  
**P.O Box 65040-00618**  
**RUARAKA. NAIROBI**

I hereby make an application for membership and agree to conform to the society's bylaws and any amendments thereof.

Full Names: Mr/Mrs./Miss \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID Number \_\_\_\_\_

Area of Residence \_\_\_\_\_ PIN Number \_\_\_\_\_

Present Address \_\_\_\_\_

Home Address \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Signature of applicant: .....

### 2 NOMINATED NEXT OF KIN.

I, the undersigned in the event of my death, whilst a member of society hereby instruct the society to pay all amount due to me, less any debts of the society, to the person(s) named in this section. The name of nominee(s) can be given in a sealed letter. I understand I may alter the name of the nominated Next of Kin by filling in subsequent nominated next of kin form, which will supersede these instructions.

Full names of next of Kin \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_ ID Number. \_\_\_\_\_

Address of the next of Kin \_\_\_\_\_ Tel Number. \_\_\_\_\_

Witness \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Applicant .....

### 3 FOR SOCIETY USE ONLY

Date of admission \_\_\_\_\_ First Savings deposited in \_\_\_\_\_ MEM# \_\_\_\_\_

Secretaries' Signature \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Date of Refund \_\_\_\_\_ Mgt. Committee Min No. \_\_\_\_\_ Voucher/Chq # \_\_\_\_\_

Guarantee Group Name \_\_\_\_\_