



PPP.O. Box 65051-00618, Ruaraka, NAIROBI, Email: 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 _____