



KEMU SAVINGS AND CREDIT SOCIETY LIMITED

COMPLETE THIS FORM IN BLOCK CAPITALS

1. APPLICATION FOR MEMBERSHIP

The Hon. Secretary
P.O. Box 267-60200,
TEL. 0735-141 621/064-30 301
MERU.

GENERAL INFORMATION

FULL NAMES:

MR/MRS/MISS/Ms. _____

DATE OF BIRTH (DD/MM/YYYY): _____ GENDER _____ MARITAL STATUS: _____

I.D. / PASSPORT NO. _____ KRA PIN NO. : _____ MOBILE NO.: _____

PERMANENT ADDRESS 1: _____ POST CODE: _____ E-MAIL ADDRESS: _____

BANK NAME: _____ BANK ACCOUNT No.: _____ BANK BRANCH: _____

EMPLOYER: _____ STATION: _____ STAFF NO. /PAYROLL NO.: _____

EMPLOYERS' ADDRESS _____ DEPARTMENT: _____

TERMS OF SERVICE: _____

(Enclose 500/= Entrance Fee)

2. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debts to the Society, to the person named in this Section. The name of 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.

NOMINATED NEXT OF KIN (FULL NAME): _____

RELATIONSHIP TO THE APPLICANT: - _____ I.D. NO.: _____

ADDRESS OF NEXT OF KIN: _____

WITNESS NAME: _____ SIGNATURE _____

SIGNATURE OF APPLICANT: _____

3. FOR SOCIETY USE ONLY

DATE OF ADMISSION TO MEMBERSHIP: _____ **FIRST DEDUCTION DUE:** _____

MEMBERSHIP NO.: _____

DATE OF WITHDRAWAL: _____ **AMOUNT KSHS.** _____

VOUCHER/CHEQUE NO.: _____ **OFFICIAL SIGNATURE:** _____