



P.O BOX 267-60200 MERU
Fax +254-064-30162

Mobile 0735141621

PHONE +254-064-30301/31229 (Ext168)
Email: kemusacco@gmail.com

Dear Member,

RE: INVITATION TO JOIN KEMU SACCO LTD.

This is to introduce you to KEMU SACCO
Our SACCO has a membership of 220 Members and a share capital of Kshs. 50 million.

The following products are offered:

SACCO PRODUCTS

| TYPE | LOANS | HOUSEHOLD | AIR TIME | SAVINGS |
|-------------|--|---|---|---|
| | -Development -Emergency -School Fees -Refinancing -Top up -Instant -IPO -Mkombozi | -TV'S -Washing machines -Cookers -Refrigerators -Mobile phones -HIFI System -Home Theatre -Vacuum cleaner -Laptops and computers -Farming products | M-PESA Scratch cards Safaricom 250 100 50 20 Airtel 100 40 20 | -Shares -Christmas fund -Education fund -Retirement fund -Children fund -Leave Fund -Recreation fund -Bingwa-Fixed deposit |

Our registration fee is Kshs.500 and minimum monthly contribution is Ksh. 1000.

For more information please visit our SACCO office.

Enclosed please find membership forms for you to fill and return to us soonest possible.

God bless you

KEMU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

1. APPLICATION FOR MEMBERSHIP

Complete this form in **BLOCK** letters and in duplicate

The Chairman,
KEMU SACCO LTD,
P.O. Box 267,
Meru.

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

FULL NAME.....
DATE OF BIRTH OFFICIAL DESIGNATION.....
PAYROLL NO..... TERMS OF SERVICE.....
ID NO..... EMPLOYER.....
DEPARTMENT..... STATION.....
PRESENT ADDRESS.....
PERMANENT ADDRESS.....
EMAIL ADDRESS
MOBILE NUMBER.....
SIGNATURE OF APPLICANT.....DATE.....

2. NOMINATED NEXT OF KIN

I, the undersigned in the event of 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 form.

FULL NAME OF NOMINATED NEXT OF KIN.....
RELATIONSHIP WITH THE APPLICANT.....ID NO.....
ADDRESS OF NEXT OF KIN.....
SIGNATURE OF APPLICANT..... .DATE.....
NAME OF WITNESS.....
SIGNATURE OF WITNESS..... DATE.....

3. FOR SOCIETY USE ONLY.

DATE OF ADMISSION TO MEMBERSHIP.....

FIRST DEDUCTION DUE.....

MEMBERSHIP REGISTRATION NO.....

CHAIRMAN'S SIGNATURE.....MINUTES NO.....

DATE.....

(1) DATE OF WITHDRAWAL.....DATE OF REFUND.....

CHAIRMAN'S SIGNATURE.....MINUTES NO.....

DATE.....

VOUCHER/CHEQUE NO.....

KEMU SACCO LTD
P.O. Box 267-60200
MERU.

THIS FORM TO BE FILLED IN DUPLICATE

Member's name and address

To: Paying Officer

Dear sir/madam,

RE: MONTHLY CONTRIBUTION TOKEMU SAVING AND
CREDIT CO-OPERATIVE SOCIETY

Please deduct Kshs. _____ in words (.....)
from my salary every month starting from _____ and remit the same to the
KEMU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

Yours faithfully,

Name _____ Signature _____

Date _____

CC. The Treasurer
KEMU SACCO LTD

**KEMU SACCO LTD
P.O. BOX 267-60200
MERU**

MEMBER'S NAME.....
SACCO NO.....
PAYROLL NO.....

THE TREASURER,
KEMU SACCO LTD,
P.O. BOX 267,
MERU.

MEMBER'S CONTRIBUTION RE-ADJUSTMENT

I wish to re-adjust my contribution(s) as follows:

1. Shares.....
2. X-mas fund.....
3. Education fund.....
4. Recreation e.g. trips.....
5. Retirement fund.....
6. Children's fund.....
7. Others.....

Signature.....

**KEMU SACCO LTD
P.O. BOX 267
MERU**

MEMBER'S NAME.....
SACCO NO.....
PAYROLL NO.....

THE TREASURER,
KEMU SACCO LTD,
P.O. BOX 267,
MERU.

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