



# KENFAM SACCO LIMITED

## 1. APPLICATION FOR MEMBERSHIP

### COMPLETE THIS FORM IN BLOCK LETTERS

The Hon. Secretary,

P.O. Box.....

I hereby make an application for membership and agree to conform to the societies By-Laws and any amendment thereof.

FULL NAME; MR.MRS.MISS.....

DATE OF BIRTH.....OFFICIALDESIGNATION.....NO:

/BUSINESS CERTIFICATE.....NO.....TERMS OF  
SERVICE.....

ID. NO.....EMPLOYER\SELF EMPLOYMENT.....

DATE.....DEPARTMENT.....

WORK STATION.....

PRESENT ADDRESS.....

HOME ADDRESS.....

PHYSICAL ADDRESS.....

BANK ACCOUNT.....

BANK BRANCH.....

AMOUNT TO BE DEDUCTED.....

.....  
Signature of applicant

*(Former Kamba Sacco)*

P.O. BOX 26915-00504, Nairobi Tel: 0701 192 135

## 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.....

Signature

Signature of applicant

.....

Name

.....

## 3. FOR SOCIETY USE ONLY

(1)DATE OF ADMISSION TO MEMBERSHIP.....FIRST DEDUCTION DUE.....

MEMBERSHIP REGISTER NO.....RECORDED BY MANAGEMENT COMMITTEE

CHAIRMANS SIGNATURE .....MINUTES No. /DATE.....

(2) DATE OF WITHDRAWAL.....DATE OF REFUND, MANAGEMENT  
COMMITTEE.....

CHAIRMANS SIGNATURE.....MINUTES No. /DATE.....

VOUCHER/CHEQUE NO.....