MARIAKANI MABATI CO-OPERATIVE SACCO SOCIETY LIMITED

APPLICATION FOR MEMBERSHIP (COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS)

I. THE CHAIRMAN

MARIAKANI MABATI SACCO LTD

P.O. BOX 177 MARIAKANI		
I hereby make my application for	membership and agree to confirm to the Society's By-Laws and any amendm	ent thereof.
 If the answer in (1) above is YE Have you ever been a member If the answer in (3) above is YE a) For how long 	er of any other SACCO other than Mariakani Mabati Sacco? Yes/No S, kindly indicate the name and for how long?er of Mariakani Mabati Sacco? Yes/No	
CONSENT TO CREDIT REFFEREN	ICE BUREAU LISTING.	
	Mabati Sacco to share my credit information, and to access erence Bureau.	
Name	Date//	
FULL NAME: (Mr./Mrs./Miss):		
DATE OF BIRTH:	OFFICIAL DESIGNATION: TERMS OF SERVICE	•
PAYROLL NO:	TERMS OF SERVICE	
I/D NO:	EMPLOYER	
MOBILE NO		
	DEPARTMENT	
	STATION:	
PRESENT ADDRESS		
SIGNATURE OF APPLICANT:		

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).

NB: Percentage (%) Allocations must sum up to 100%

Full Names	ID No.	Signature (Appl.)	Relationship	Kin Address	Allocation (%)	Name (Witness)	Sign. (Witness)

DATE OF ADMISSION T	TO MEMBERSHIP	FIRST DEDUCTION DUE:
MEMBERSHIP REGISTR	RATION NO:	RECORDED BY MANAGEMENT
CLIAIDMANUC CICNIATU	IDE	COMMITTEEMINUTE: NO/DATE
DATE OF WITHDRAWA	AL	DATE OF REFUND: MANAGEMENT COMMITTEE
CHAIRMAN'S SIGNATU	JRE	MANAGEMENT COMMITTEE
		·····
ROM:		
	TIONS	
RE: SHARE CONTRIBUT	HONS:	
	M MY PAY IN FAVOUR OF MARIA	AKANI MABATI CO-OPERATIVE SAVINGS & CREDIT
PLEASE DEDUCT FROM (SHS. (IN WORDS)	M MY PAY IN FAVOUR OF MARIA	AKANI MABATI CO-OPERATIVE SAVINGS & CREDIT
(SHS. (IN WORDS)		AKANI MABATI CO-OPERATIVE SAVINGS & CREDIT (KSHs.)
(SHS. (IN WORDS)		
rom:		(KSHS.)
(SHS. (IN WORDS) FROM: SIGNED:		(KSHS.) (MONTH OF DEDUCTION
(SHS. (IN WORDS) FROM: GIGNED: MEMBER'S NAME:		(KSHS.) (MONTH OF DEDUCTION
FROM: SIGNED: MEMBER'S NAME: PAYROLL NO:		(KSHS.) (MONTH OF DEDUCTION
FROM: SIGNED: MEMBER'S NAME: PAYROLL NO:		(KSHS.) (MONTH OF DEDUCTION
FROM: FROM: FROME FROME FROME FROME MEMBER'S NAME: PAYROLL NO: MEMBER'S NO:		(KSHS.) (MONTH OF DEDUCTION
SHS. (IN WORDS) FROM: GIGNED: MEMBER'S NAME: PAYROLL NO: MEMBER'S NO: MEMBER'S NO:		(KSHS.) (MONTH OF DEDUCTION
ISHS. (IN WORDS) FROM: IGNED: MEMBER'S NAME: MEMBER'S NO: MEMBER'S NO: MEMBER'S NO: MATE: MA		(KSHS.) (MONTH OF DEDUCTION
CSHS. (IN WORDS) FROM: SIGNED: MEMBER'S NAME: PAYROLL NO: MEMBER'S NO: DATE:		(KSHS.) (MONTH OF DEDUCTION

CC: SENIOR ACCOUNTANT