

SISI KWA SISI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY

1. APPLICATION FOR MEMBERSHIP

COMPLETE THIS FORM IN BLOCK LETTERS

Attach copy of National ID and One photograph passport size.

The Hon. Secretary
P. O BOX 90434, MOMBASA

I hereby make application for membership and agree to confirm to the societies by - laws and any amendment thereof

ENTRANCE FEES KSHS. 2,500/= SHARE CAPITAL KSHS. 15,000/=

NAME: Dr, MR, Mrs. Miss

DATE OF BIRTH PAYROLL NO

DESIGNATION ID /PPNO

ADDRESSDATE JOINED

EMPLOYER TELEPHONE NO

DEPARTMENT TERMS OF SERVICE

MARITAL STATUS

AUTHORITY FOR PAYROLL DEDUCTION AND SHARING OF CREDIT INFORMATION

- 1) I hereby authorize my employer or his agent to deduct the sum of Kshs. At the end of each calendar month from my salary and pay the same to the society as my deposits contributions. I request my employer or his agent to note that any loan's interest or similar advice that might be deducted to my account with the society will all be recovered through the payroll deductions upon advise of the society committee.
- 2) I undertake to abide by rules and regulations of the society as engendered in its by –laws
- 3) I shall notify the committee of any changes in my name, address, my nominee etc.
- 4) I hereby give consent for my credit information to be shared with credit reference bureau

Signature of applicant Date

Member introduced byM/No

Signature

