

**NYANAM KANDISI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.
P.O. BOX 409 00206
KISERIAN**

APPLICATION FOR MEMBERSHIP FORM

SACCO Membership No.....(To be filled by Sacco official).

This form must be completed by every person who wishes to be a member.

1.Name in full.....

2.Employment / Business.....

3.Date of Birth.....

4.ID No.....

5.Telephone No.....

6.E-Mail address.....

7.Postal address.....

8.Physical Address - L.R.No.....Estate-----Street/Close-----

9.KRA PIN.....

10. Position in employment or business.....

11.Do you have a bank Account ? If yes Name of bank-----Branch-----

Account no.-----

12.Next of Kin: Name-----ID No.-----Tel. No.-----

Address-----Relationship-----

13.Beneficiary(s):-

No.	Name	ID No.	Address	Relationship	Distribution Ratio (%)
1					
2					
3					
4					
5					
6					
7					

I hereby declare that the forgoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the society.

Signature.....Date.....

Witnessed by: Name-----ID No.-----Signature-----