



UFANISI DT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

COMPLETE THIS FORM IN BLOCK CAPITALS

1. APPLICATION FOR MEMBERSHIP

The Hon. Secretary
P.O. Box 2973 – 00200, TEL.020-2246383/0712690660/0713690660/0738690660
NAIROBI

GENERAL INFORMATION

FULL NAMES:

MR/MRS/MISS/Ms. _____

DATE OF BIRTH (DD/MM/YYYY): _____ GENDER _____ MARITAL STATUS: _____

ID NO. _____ KRA PIN NO. : _____ E-MAIL ADDRESS: _____

PASSPORT NO. _____ MOBILE NO. (SAFARICOM): _____ OTHERS: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

CURRENT RESIDENTIAL AREA: _____

BANK NAME: _____ BANK ACCOUNT No.: _____ BANK BRANCH: _____

EMPLOYER: _____ STATION/SECTION: _____ STAFF NO. /PAYROLL NO.: _____

EMPLOYERS' ADDRESS _____ DEPARTMENT: _____

NATURE OF BUSINESS: _____ BUSINESS NAME: _____

TERMS OF SERVICE: _____ BUSINESS LOCATION: _____

(Enclose 1,000/= Entrance Fee)

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): _____ D.O. B _____

MOBILE NO: _____ EMAIL ADDRESS: _____ ID NO: _____

RELATIONSHIP TO THE APPLICANT: - _____ POST ADDRESS OF NEXT OF KIN: _____

WITNESS NAME: _____ ID NO: _____ SIGNATURE _____ DATE _____

SIGNATURE OF APPLICANT: - _____ DATE _____

3. FOR SOCIETY USE ONLY

DATE OF ADMISSION TO MEMBERSHIP: _____ **MEMBERSHIP No:** _____

OPENED BY.: _____ **OFFICIAL SIGNATURE:** _____