



**KEWISCO SACCO COOPERATIVE SOCIETY**

**P.O. BOX 4491 – 00200 NAIROBI TELEPHONE: 6000671, CELL: 0724253569/0739-253569**

**Email:info@kewiscosacco.org, manager@kewiscosacco.org,loans@kewiscosacco.org**

**APPLICATION FOR MEMBERSHIP**

**MASOMO SAVINGS SCHEME (MSS)**

I hereby make application for Masomo saving scheme and agree to abide by the by- laws and /or any other amendments thereof in the Kewisco Cooperative Savings and Credit Society Limited. I authorize you to deduct from my salary Ksh.100.00 for membership and Ksh..... for shares every month (minimum contribution is Kshs.1, 000.00 per month) with effect from .....until further notice.

**(a) MEMBER’S PARTICULARS (BLOCK LETTERS)**

Name in full (as it appears on the ID card).....  
County of Birth (As it appears on the ID/Card) .....ID No.....  
Date of Birth .....EMP /EST/No .....Membership No.....  
Present Address .....Home Address.....  
Employer.....Address.....

**(b) NOMINEE (Should be above 18 years)**

I hereby nominate the following to be the beneficiary of my shares/benevolent fund and any other benefits from the society in the event of death.

Name of nominee.....  
Address .....I.D No/Birth Cert. No.....  
Date of Birth .....Tel: .....  
Nominee’s Relationship to Contributor .....

**(c) ALTERNATIVE NOMINEE (in case nominee in (b) above cannot be traced)**

Name of alternate nominee.....  
Address .....Tel.....  
Date of Birth .....ID No\, Birth Cert No.....  
Nominees relationship to Contributor .....

(d) I hereby authorize you to recognize the above named persons for the purpose of my shares, deposits, benevolent fund and other benefits due from the society..

Name.....Sign.....

e) Witness Name..... M/No.....EST No.....  
Address.....Signature .....Date.....

**(g) FOR OFFICIAL USE**

Action official ..... Designation..... Signature .....Date.....  
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