

KEWISCO REGULATED (Non-DT) SACCO SOCIETY LIMITED
WEST END PLACE BUILDING OFF LANGATA ROAD
P.O Box 4491-00200 Nairobi TEL:0111-120600-5
Email:info@kewiscosacco.org, ceo@kewiscosacco.org,



APPLICATION FOR ANGEL SAVINGS SCHEME (ASS) MEMBERSHIP

I hereby make application for Angel 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.500.00 per month) with effect fromuntil 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 BirthEMP /EST/NoMembership No.....
Present AddressHome Address.....
EmployerAddress.....

(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
AddressI.D No/Bith Cert No..... Date of Birth
.....Nominee's Relationship to Contributor

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

Name of alternate nominee
AddressDate of Birth
ID No\Birth Cert No.....
Nominees relationship to Contributor

(d) I hereby authorise you to recognise the above named persons for the purpose of my shares contributions, benevolent Fund and other benefits due from the society until further notice.

Sign.....Date.....

(e) Witness Name..... ID NO.....
Address.....
SignatureDate.....

(f) FOR OFFICIAL USE;

Action official Designation.....
SignatureDate