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 MASOMO SAVINGS SCHEME (MSS) MEMBERSHIP

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/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 …….
Address ……..Date 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) **FOR OFFICIAL USE;**
Action official …… Designation…….....
Signature ……..Date ……