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 HOLIDAY SAVINGS SCHEME (HSS) MEMBERSHIP

I hereby make application for Holiday Membership of the society 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 K.shs …… for shares every month (minimum contribution is Kshs.500.00 per month)with effect from …….

(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) Witness Name…… ID NO…….
Address……
Signature ……Date…….....
(f) Recruited by Name.....EMP/EST No……..
Signature.....
(**No alteration on the membership form without a written approval from the member)**
(g) **FOR OFFICIAL USE;**
Action official …… Designation…….....
Signature ……..Date ……