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 MEMBERSHIP (Strictly confidential)

I hereby make application for 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 Kshs …… for deposits every month (minimum contribution is Kshs.2,500.00 per month)with effect from ……., Sinking fund of Kshs. 300.00,Share capital of Kshs. ……(Minimum Kshs. 800.00) and joining fee of Kshs. 800.00(deducted once) until further notice.

SURNAME----------

OTHER NAMES----------

ID NUMBER----------MARITAL STATUS----------

GENDER----------TEL----------

EMAIL ADDRESS----------

POSTAL ADDRESS----------CODE----------

NAME OF EMPLOYER----------EMPLOYMENT NUMBER----------

PROFESSION----------CURRENT POSITION----------

STATION NAME----------

COUNTY OF ORIGIN----------SUB-COUNTY----------

BANK NAME AND BRANCH ----------

ACCOUNT NUMBER----------

PHOTO

SIGNATURE

MEMBERS RELATIONS DETAILS

SPOUSE DETAILS

Name of spouse	ID No.	Telephone No	Email Address	Date married
				……/……/…….

MEMBER BIOLOGICAL PARENT'S DETAILS

No.	Name	Relationship	State whether Alive or Deceased	Permanent residence	Tel. Contact
1.					
2.					

CHILDREN'S DETAILS

No.	Name	Date of birth	Birth Certificate/Notification No.
1.		……/……/…….	
2.		……/……/…….	

3.		……/……/…….	
4.		……/……/…….	
5.			

PARTICULARS OF BENEFICIARY (TO BE ALLOCATED YOUR DUES IN THE SACCO)

No.	Name	Relationship	ID no.	Allocation %	Telephone Contact	Email Address
1.						
2.						
3.						
4						
5.						

NOTE: IF PERCENTAGE TO BE PAID TO BENEFICIARIES IS NOT SPECIFIED (WHERE MORE THAN ONE NEXT OF KIN IS PROVIDED FOR) THE SOCIETY SHALL APPORTION THE DECEASED'S DUES EQUALLY AMONG THE NAMED BENEFICIARIES

NEXT OF KIN (TO BE CONTACTED IN CASE OF EMERGENCY)

NAME……

TELEPHOINE NO…….RELATIONSHIP……...

EMAIL ADDRESSS ……POSTAL ADDRESSS……..……

PLEASE ENCLOSE

i) ONE PASSPORT SIZE PHOTOGRAPH (NAME HAND WRITTEN ON THE BACK)
ii) COPY OF ID CARD
iii) COPY OF BIRTH CERTIFICATE/NOTIFICATIONS FOR CHILDREN
iv) COPY OF MARRIAGE CERTIFICATE OR AFFIDAVIT
v) COPY OF SPOUSE ID CARD
vi) COPY OF PARENT ID (THOSE ALIVE)
vii) COPY OF BENEFICIARIES ID CARDS/IDENTIFICATIONS

I hereby authorize you to recognize the above named persons for the purpose of my shares Capital, Deposits benevolent Fund Contributions and other benefits due from the society until further notice.

Principal member Signature ……Date……

Introduced/Recruited by Name ..... Signature.....Mobile No ……..

Witness Name…… ID NO……. Signature ……

For Official Use Only.

Created by Name…… Sign……..Date……..