

WINAS SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED.

P.O. BOX 696, TEL: 068-31091 EMBU. CELL-PHONE: 0727436211/0706528722/0706528720

MEMBERSHIP NO.....

DATE ISSUED.....

1. APPLICATION FOR MEMBERSHIP

I hereby make an application for membership and agree to conform to the Societies BY-LAWS and any other Society's regulations.

FULL NAME MR/MRS./MISS/.....

DATE OF BIRTH OCCUPATION.....

TSC /PERSONAL NO..... TERMS OF SERVICE.....

ID/NO..... EMPLOYER.....

MOBILE NUMBER..... WORK STATION.....

WORK STATION ADDRESS.....

HOME ADDRESS.....

2. MONTHLY DEDUCTIONS

I, the undersigned authorize you to deduct ksh..... (in words).....
..... from my

Salary each month until further notice and deductions forwarded to WINAS SACCO Ltd.

3. NOMINATED NEXT OF KIN

I the undersigned, in the event of my death whilst a member of the society, hereby instruct the society to pay all amounts due to me less any debts to the society to the person named in this section. The name of nominee can be given in a sealed letter. I, understand that I may alter the name of the nominated next of kin by filling in a subsequent next of kin form:

NOMINATED NEXT OF KIN (FULL NAME)

RELATION TO THE APPLICANT..... ID/NO.....

ADDRESS OF NEXT OF KIN.....

4. DECLARATION

I hereby confirm that the information provided herein and the disclosures made are true. I have understood the general terms and conditions of the society and I undertake to comply, observe and be bound by the same.

SIGNATURE OF APPLICANT DATE.....

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5. TERMS AND CONDITIONS

- + The form should be fully completed
- + Must pay the prescribed entrance fee
- + Must agree to contribute to the society core capital as stipulated in the society bylaw
- + Must agree to contribute monthly towards risk fund account
- + Must attach a copy of the current pay slip
- + Must produce introductory letter if engaged by a private institution
- + Must attach a copy of the identity card
- + The applicant should not be in another society with objectives similar to Winas Sacco

6. OFFICIAL USE ONLY

DECLARATION

I / we hereby confirm that the above details have been completed in accordance with Winas Sacco procedures. I have checked that the relevant documents have been attached.

RECEIVED BY:.....SIGN.....DATE.....

AUTHORISED BY C.E.O:.....SIGN.....DATE.....

OPENED BY:.....SIGN.....DATE.....

VERIFIED BY:.....SIGN.....DATE.....

7. DATA ENTRY

DATA ENTRY BY :.....SIGN.....DATE.....

EFFECTIVE MONTH.....