

WINAS INVESTMENT CO-OPERATIVE SOCIETY LIMITED.

P.O. BOX 1628, TEL: 068-31091 EMBU. CELL-PHONE: 0727436211

DATE ISSUED.....

MEMBERSHIP NO.....

PHOTO CODE.....

1. APPLICATION FOR MEMBERSHIP

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

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

DATE OF BIRTHID NO.....

MOBILE NO.....EMAIL ADDRESS.....

OCCUPATION.....COUNTY.....

CURRENT ADDRESS.....

HOME ADDRESS.....

2. MONTHLY CONTRIBUTION

I, the undersigned commit to contribute on monthly basis kshs.....

(in words)..... as

monthly deposits savings to the society

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 APPLICANTDATE.....

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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 and deposits account
- + Must attach a copy of the identity card

6. OFFICIAL USE ONLY

Received by:sign.....date.....

Checked by:sign.....date.....

Authorisedsign.....date.....

Opened by:sign.....date.....