



ESHIBINGA DEVELOPMENT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

P.O BOX 6154 – 00100 NAIROBI

TEL: +254 797 709711/+254 100 345799

E – Mail: eshibingadsacco@gmail.com

DATE :

MEMBERSHIP APPLICATION.

PART A

Iof BoxTel No..... KRA PIN..... being an adult of sound mind wish to apply for membership into **ESHIBINGA DEVELOPMENT SAVINGS AND CREDIT SOCIETY LIMITED.**

I wish to confirm that I am aware that nonrefundable admission fee is currently KES. 1,000.00 which I have duly paid and have read and understood the By-laws of the Sacco which I commit myself to comply with. My monthly share contribution shall be KES..... W.e.f

SIGNED.

- Name :.....
- I/D :.....
- Signature :.....

REFERENCE:

Referred by.....Membership No.....

OFFICIAL USE

Application approved / Declined, reasons.....

.....with effect from this month of 20.... And your membership no is.

Chairman.

Secretary.

Name:

Name:

Signature:

Signature:

To be completed in duplicate



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NOMINATION FORM

I.....Member No.....nominate the name(s) below as my nominees.

	Full Names	ID/Passport/ Birth Certificate No.	Phone number	Relationship	Alloca tion %	Specify whether the nominees is a minor
1						
2						
3						
4						
5						
	Total					

SPECIFY NEXT OF KIN

NAME..... RELATIONSHIP.....

ADDRESS..... ID/PASSPORT No.....

TEL NO.E-MAIL ADDRESS.....

TRUST FUND

The Trust Fund provides a structure that protects the benefits payable to minor nominees and allows the proceeds to be utilised for purposes of education and schooling, medical and maintenance expenses. The Trust Fund ensures that the benefits allocated to minor nominees are used for the purposes that they are intended, until they reach the adult age. Please indicate whether you wish to have the proceeds you have allocated to your minor dependants transferred to the Trust Fund by ticking the box.

Yes

No

Name.....

Signature.....

ID/Passport No.....

Date.....

(Mandatory field)

Witness(s)

Have at least one witness fill below

	1	2
Name		
Signature		
ID/PP No.		
Date		