

GROUP FOUR SECURITY CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD
Baraka House, 1st Flr, Weruga lane, Opposite JIAM, P.O.Box: 4756-00200, Nairobi, Kenya.
Mobile: 0731572463 Email : group4sacco@gmail.com

1. APPLICATION FOR MEMBERSHIP AND REGISTRATION

(complete this form in block letters)

Hon .secretary

P.O.Box 4756-00200 Nairobi

I hereby make an application for membership and agree to conform to the societies by laws and amendments thereof:

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

DATE OF BIRTH.....I.D. NO.....

EMPLOYER.....

PAYROLL NO.....STATION.....

TERMS OF SERVICES.....

PRESENT ADDRESS.....

HOME ADDRESS.....

PHONE NUMBER.....

DATE.....SIGNATURE OF THE APPLICANT.....

2. AUTHORITY TO MAKE DEDUCTIONS FROM MY SALARY

I,hereby authorize you to deduct Kshs..... from my salary every month as Sacco contributions. Non-refundable Membership Fee of **Kshs 1,000** will be charged by the Society on entry. With effect from (Date).....

Signature.....

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 to me, less my debts to the society, to the person named in this section. (The name of the nominee can be given in a sealed letter) I understand that I may alter the name of the next of kin by filling a fresh nomination form

NOMINATED NEXT OF KIN (FULL NAME).....

PERMANENT ADDRESS.....

RELATIONSHIP TO THE APPLICANT.....ID NO.....

ADDRESS OF THE NEXT OF KIN.....

WITNESS 1. NAME..... 2. NAME.....

ID NO.....

ID NO.....

Signature.....

Signature.....

4. FOR SOCIETY USE ONLY

DATE OF SUBMISSION TO MEMBERSHIP.....

FIRST DEDUCTION DUE.....

MEMBERSHIP REGISTRATION NO.....

SECRETARY SIGNATURE.....