

KASS CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

P.O. BOX 25636-00603,  
NAIROBI  
TEL: 2712447/ 2875116  
FAX: 2720996

DATE.....

THE SECRETARY  
KASS SACCO LTD  
NAIROBI

RE: APPLICATION FOR MEMBERSHIP

I hereby make application for membership and agree to abide by the Society's By- Laws and any other amendments thereof. Authority to make deductions of shares is enclosed.

(Naomba kuwa mwanachama na ninakubali masharti yote ya Ushirika. Ninaruhusu kukatwa akiba ya hisa).

NAME IN FULL.....(BLOCK LETTERS)

NATIONAL IDENTIFICATION (ID).....

DATE OF BIRTH.....

ADDRESS.....

DUTY STATION.....ADDRESS.....

EMPLOYER.....

MOBILE NO. : .....EMAIL.....

Introduced by .....

Name of Nominee and address (Next of Kin).....

Nominee's relationship to member.....

I hereby authorize you to deduct the amount stated below from my monthly salary and pay KASS SACCO LTD with effect from the month of.....until further notice. Share contribution Ksh.....per month

Membership fee Ksh 1000.00 attached.

Customer Declaration:

In connection with this application and/or maintaining a credit facility with the Kass Sacco, I authorize the Sacco to carry out credit checks with or obtain my credit information from, a credit reference bureau. In the event of the account going into default, I consent to my name, transaction and default details being forwarded to a credit reference bureau for listing. I acknowledge that this information may be used by banking institutions and other credit grantors in assessing applications for credit by me, associated companies, and supplementary account holders and for occasional debt tracing and fraud prevention purposes.

APPLICANT'S SIGNATURE: ..... DATE.....

FOR OFFICIAL USE ONLY

Membership fee of Ksh 1000.00 paid on.....  
PF NO.....Share contribution Ksh.....  
Each paid on.....Receipt/Payroll.....  
Date of Admission.....  
Approved by managing Committee Minute No.....Date.....  
Membership No.....Ledger No.....  
Date.....ID NO.....(Attach ID copy).....  
Signature:.....