

SHIRIKA SACCO SOCIETY LTD
SHIRIKA CO-OP HOUSE
P.O. BOX 43429-00100 – NAIROBI

ATTACH PASSPORT
PHOTO HERE

TEL: 3740625/3753626
DATE.....

APPLICATION FOR RE-INSTATEMENT OF MEMBERSHIP

The Chairman,
Shirika Sacco Society Ltd,
P.O. Box 43429

Personal Account

ATM Card

NAIROBI.

I hereby make application for membership of your Society and agree to abide by the By-laws/or any amendments thereof.

Previous Membership Number:

a) EMPLOYMENT PARTICULARS:

NAME: (as per your I/D card).....
DATE OF BIRTH..... I/D NO.....
CURRENT ADDRESS..... TSC/STAFF NO/ PENSION NO.....
EMPLOYER/MINISTRY/SELF..... MOBILE NUMBER.....
STATION..... DESIGNATION.....
TERMS OF SERVICE..... DATE OF EMPLOYMENT/RETIREMENT.....
KRA PIN NO:..... E-MAIL.....

b) HOME ADDRESS:-

DISTRICT..... DIVISION.....
LOCATION..... SUBLOCATION.....
POSTALADDRESS.....
PARENT/FATHER'S NAME & ADDRESS.....

c) NEXT OF KIN AND ADDRESS:

NAME..... I/DNO.....
POSTALADDRESS..... CELL NO.....

d) OTHER PARTICULARS:-

MEMBER HAS BEEN RECRUITEDBY..... M/NO.....
CURRENT SACCO SOCIETY.....
SHARES/DEPOSIT BALANCE KSH.....
LOAN BALANCE KSH:.....

I AUTHORISE YOU TO DEDUCT KSH..... MINIMUM MONTHLY CONTRIBUTION
WITHDRAWABLE SAVINGS SCHEME DEDUCTION... KSHS..... WEF.....

(KINDLY ATTACH A COPY OF YOUR PAYSIP AND A COPY OF YOUR NATIONAL IDENTITY CARD.)

APPLICANT'S SIGNATURE

FOR OFFICIAL USE ONLY:

DATE OF ADMISSION TO MEMBERSHIP.....
APPROVED BY MANAGEMENT COMMITTEE MIN NO..... DATE.....
ENTRANCE FEE KSH: 1000= PAID ON.....
THE FIRST SHARE PAID IN.....
MEMBERSHIP NUMBER ASSIGNED.....

..... (SECRETARY)