

Shirika Sacco Society Limited

Telephone: 020 3740625
 020 3753626
 Tel: 0734 897 817 / 0724 610 715
 Our Ref: SHIRIKA.....
 Your Ref:.....



SHIRIKA CO-OP HOUSE
 KIPANDE/NGARA ROAD
 P.O. BOX 43429-00100 NAIROBI
 Email: shirikasaccosociety@gmail.com
 info@shirikasacco.co.ke
 www.shirikasacco.co.ke

All Communications and inquiries
 to the Chief Executive Officer.

Date:.....

NOMINATION APPLICATION FORM

CANDIDATE DETAILS

FULL NAME OF MEMBER	
MEMBERSHIP NUMBER	
DATE OF JOINING THE SOCIETY	
OFFICE TO SERVE (Tick appropriately)	<input type="checkbox"/> BOARD MEMBER <input type="checkbox"/> SUPERVISORY COMMITTEE
NATIONAL I.D NUMBER	
DATE OF BIRTH	
POSTAL ADDRESS	
PHONE NUMBERS	
EMAIL ADDRESS	
BRANCH/STATION	
SHARE CAPITAL	KES.
UN-WITHDRAWABLE DEPOSIT	KES.
TOTAL OUTSTANDING LOANS	KES.
ACADEMIC QUALIFICATIONS (Attach copies)	

SHIRIKA SACCO SOC. LTD.

03 DEC 2019

Sign:.....
 P. O. Box 43429-00100, NAIROBI
 TEL: 0748 104 508/0724 610 715/0734 897 817
 Email: shirikasaccosociety@gmail.com

Additional Information

(a) Are you a board member of another existing licensed SACCO?

YES

NO

(b) Have you ever been convicted of any offence involving dishonesty or imprisonment for three months or more?

YES

NO

(c) Have you ever been named in an inspection report or an enquiry by either the authority or the commissioner?

YES

NO

DECLARATION

I..... do hereby present myself for nomination to contest for a position in Shirika Sacco Society. I also accept and authorize publication of my personal profile by Shirika Sacco Society for the knowledge of the membership when elected as member of the board/Supervisory committee member/Delegate. I also understand that my obligations with and related party dealings in the Society shall be disclosed to the members annually without the society seeking my approval.

I also confirm that I have read, understood and agree to be bound by the Co-operative Societies Act & Rules, Regulations, Society By-laws, Society policies and rules governing the nominations and election procedures in the Society.

Signature.....**Date**.....

NOTE: The form should be returned to Shirika Sacco office addressed to the CEO on or before 17th December, 2019 at 5.00 p.m.

SHIRIKA SACCO SOC. LTD.
03 DEC 2019
Sign: *[Signature]*
P. O. Box 43429-00100, NAIROBI
TEL: 0748 104 508/0724 610 715/0734 897 817
Email: shirikasaccosociety@gmail.com