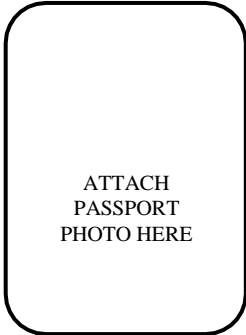


**SHIRIKA DEPOSIT TAKING SACCO SOCIETY LTD  
SHIRIKA CO-OP HOUSE  
P.O. BOX 43429-00100 – NAIROBI**



TEL: 3740625/3753626  
DATE.....

**APPLICATION FOR MEMBERSHIP AND ADMISSION**

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

WSS

ATM card

**NAIROBI**

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

**a) EMPLOYMENT PARTICULARS:**

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

**b) HOME ADDRESS:-**

DISTRICT.....DIVISION.....  
LOCATION.....SUBLOCATION.....  
POSTALADDRESS.....  
PARENT/FATHER'S/GURDIAN'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 BALANCEKSH.....  
LOAN BALANCE KSH:.....

I AUTHORISE YOU TO DEDUCT KSH..... 10% OF MY TOTAL EARNINGS PER MONTH OR MORE WITHDRAWABLE SAVINGS SCHEME DEDUCTION KSHS..... WEF.....

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

APPLICANT'S SIGNATURE

Where did you hear about us?.....

**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)

**SHIRIKA SACCO SOCIETY LTD**  
**MEMBER'S SPOUSE AND CHILDREN CARD**

MEMBER'S NAME.....M/NO.....TEL.....

PERSONAL/TSC NUMBER.....I/D NO.....

DATE OF BIRTH.....STATION.....

EMPLOYER'S NAME AND ADDRESS.....

DESIGNATION.....COUNTY.....

LOCATION.....SUB-COUNTY.....

SPOUSE'S /BENEFICIARY “(MEMBER) CLAIMS FOR 1 (ONE) ONLY”		DATE OF BIRTH	RELATIONSHIP	ADDRESS
1				
2				
3				
4				
5				
CHILDREN”, LIST ALL CHILDREN (MEMBER ALLOWED TO CLAIM FOR 2(TWO) ONLY				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

(I..... (Declare that this form contains a full and true statement of details so required). It is issued without alteration.

MEMBER'S SIGNATURE.....DATE.....

**WITNESSED BY:**

NAME.....I/D NO.....SIGN.....DATE.....

NAME.....I/D NO.....SIGN.....DATE.....

COUNTER SIGNATURE (MANAGER).....DATE.....

NB: INFORMATION ON THIS CARD WILL BE KEPT CONFIDENTIAL, NO ERASURERS OR CANCELLATIONS ARE PERMITTED.