

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

TEL: 3740625/3753626

DATE.....

ATTACH PASSPORT  
PHOTO HERE

**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 PAYSLIP 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)