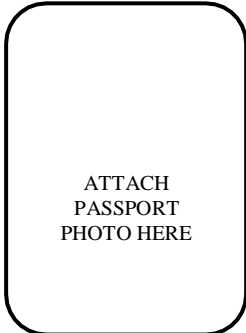


SHIRIKA DEPOSIT TAKING SACCO SOCIETY LTD
SHIRIKA CO-OP HOUSE
P.O. BOX 43429-00100 – NAIROBI
info@shirikasacco.co.ke/shirikasaccosociety@gmail.com
0724610715 / 0734897817



APPLICATION FOR MEMBERSHIP AND ADMISSION

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..... ID NO/PASSPORT NO.....
CURRENT PHYSICAL ADDRESS..... PERSONAL/STAFF NO.....
EMPLOYER/MINISTRY/ORGANIZATION.....
MOBILE NUMBER EMAIL ADDRESS.....
NATURE OF BUSINESS (NON-CHECK OFF)
STATION..... DESIGNATION.....
TERMS OF SERVICE..... DATE OF EMPLOYMENT.....
KRA PIN NO:

b) HOME ADDRESS:-

COUNTY..... SUB COUNTY.....
LOCATION..... SUBLOCATION.....
POSTAL ADDRESS.....

c) NEXT OF KIN AND ADDRESS:

NAME..... I/DNO.....
RELATIONSHIP..... PHONE NO..... POSTAL ADDRESS.....

d) OTHER PARTICULARS:-

MEMBER HAS BEEN RECRUITED BY..... M/NO.....

I AUTHORISE YOU TO DEDUCT KSH10% OF MY TOTAL EARNINGS PER MONTH OR MORE
WITHDRAWABLE SAVINGS SCHEME DEDUCTION KSHS..... WITH EFFECT FROM.....

(KINDLY ATTACH A COPY OF YOUR PAYS LIP 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.....
ADMISSION APPROVED BY:..... SIGNATURE..... DATE.....

Your Financial Empowerment Partner

SHIRIKA DEPOSIT TAKING 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.....SUB COUNTY.....

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

SPOUSE		DATE OF BIRTH	ID NUMBER/ BIRTH CERT NO	RELATIONS HIP	TEL NO
1					
2					
3					
4					
5					
CHILDREN					
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 ERASURES OR CANCELLATIONS ARE PERMITTED.

Note: The BBF covers only two children and one spouse within a financial year.