



PHOTO

**WANANDEGE SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD.**  
**MEMBERSHIP APPLICATION FORM**

**TO: WANANDEGE SACCO LIMITED**  
**PO BOX 19074 – 00501**  
**JKIA**

**Terms and conditions**

1. Minimum ownership share capital is 20,000 Kenyan shillings
2. Minimum monthly deposit contribution is 2, 000 Kenyan shillings
3. One off registration fee is 1,000 Kenyan shillings.

**APPLICANTS PARTICULARS**

1	NAME	6	DATE OF BIRTH	
2	ID NO. (Attach copy)	7	EMPLOYER	
		8	TERMS OF EMPLOYMENT	Permanent/Contract
3	KRA PIN	9	STAFF NO	
4	TEL NO.	10	P.O BOX	CODE
5	EMAIL ADD	11	TOWN	

I, the above named, hereby make application for membership of **WANANDEGE SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD** and agree to conform to the **BY-LAWS** and/or any subsequent amendments thereof.

NAME.....SIGNATURE.....DATE.....

**DEDUCTION FROM MY SALARY (Rule 31(a))**

I .....ID no..... hereby authorize my employer.....  
to make deductions from my salary of Kshs..... to be remitted to **Wanandegge Savings and Credit Cooperative Society Ltd** to be credited to my shares/deposits account. I further authorize the Society to advise my employer from time to time whenever other additional deductions are required. The society's instructions shall be taken as if given under my hand. These instructions shall remain in force unless altered by me in concurrence with the Society.

**NOMINATION FORM (Rule 32(4))**

I ..... ID no..... hereby nominate the following nominee(s) to inherit my shares/deposits and/or any other interest in Wanandegde Sacco Society Ltd in the following manner:

Name of nominee(s)	ID Number	Relationship	% of share/ deposit/interest	Contact Telephone no.
1.				
2.				
3.				
4.				
5.				

(If nominee appointed is a minor, kindly indicate guardian/next of kin for that minor)

Given under my hand this..... Day of ..... 20.....

Signature.....

**Witnessed by:**

1.Name..... I/D No.....Mobile.....

Address..... Signature.....

2.Name.....I/D No. ....Mobile.....

Address..... Signature.....

**XXX  
OFFICIAL USE ONLY**

**FOR**

	Name	Designation	Staff No	Signature	Date
Recommended by recruiting officer					
Member personal details verified vide IPRS					
Account opened in the system					
Payroll deductions effected for month-----					

**ADMISSION APPROVED BY BOARD OF DIRECTORS MEETING ON DATE----- MIN/NO.....**

**Signed and Sealed by CEO.....**