WASHA SACCO LTD.

P. O. Box 83256 - 80100
Mombasa - Kenya

Washa Sacco Offices
Nyerere Avenue
Ralli House, 3rd Floor,
Tel: 0732 525224 / 0797 690900
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MEMBERSHIP APPLICATION FORM

(Complete in Block Letters)

PHOTO

MEMBERSHIP FEE Kshs.....MINIMUM SHARE CAPITAL Kshs.....

YOUR MONTHLY CONTRIBUTION Kshs.....

Subject to the Co-operative Societies Act No. 2 of 1997 with its subsequent amendments as contained in the Co-operative Societies (Amendment) Act No. 2 of 2004 the Co-operative Societies Rule LN No. 123 of 2004, By-Law and Policies of the society, I hereby tender my application for membership of the society and agree to conform to the above and amendment thereof and give herein the following details and authorize the society to obtain my monthly deposit contributions of common bond (AK) and debt which I owe it.

SECTION A. (i) APPLICANTS BIO-DATA DETAILS

FULL NAME: MR, MRS, MISS, ...

(BLOCK LETTERS)

ID Card /Passport No (Attach copy).....Date of Birth..... Marital Status.....

Mobile No (1)…….Mobile No. (2)…..……

Email Address:……KRA PIN:.....

Spouses Name: ID Card No.....Mobile No:.....

Current Residence: ……..…Street: ……..……House No:……..…

(ii) EMPLOYMENT DETAILS

Employer (Name Address).....Telelephone No.....

Employer Address……..……Postal Code:……. Location:……..…….……

Terms of Employment: *Contract/Permanent/Casual* (Tick) Payroll Number:…..…….……..

Department/Section.....Terms of Service.....

Designation.....Payroll No.....

(iii) SELF EMPLOYED (To be completed by Self Employed applicant only)

Business Name:…….....Street/Building/Estate……

Mobile Number……..... Nature of Business…..….....

Estimated income p.m(Ksh) 1000-20,0000 20,000-50,000 50,000-100,000 Above 100,000

(iv) PERSONAL ADDRESS

Home Address:.....Postal Code.....

County of residence:.....Home District .....Home Division:.....

Home Location:.....Sub-Location:.....

Signature of Applicant:.....

B. NEXT OF KIN/NOMINEE:

I, the undersigned, in the event of my death, whilst a member of the society, hereby instruct the society to pay all amounts due to me less any debt to the society, to the person named in this section understand that I may change the nominee or beneficiary whenever I feel necessary, by filling a new form.

(i) NOMINATED NEXT OF KIN:

1. Full Name:.....Age:.....ID Card No……..
   Relationship to the applicant.....Gender.....
   Address:.....Mobile No.....

2. Full Name:.....Age:.....ID Card No…..…….....
   Relationship to the applicant.....Gender.....
   Address:.....Mobile No.....

3. Full Name:.....Age:.....ID Card No…..……..
   Relationship to the applicant.....Gender.....
   Address:.....Mobile No.....

Recruited by:

Name:.....Mno:.....Signature .....Date.....

(ii) BENEFIFICIARY

No	Name	Age	Gender	Relationship	ID. No	%Distribution

Further instructions of Kin Society.....

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Applicant's Signature:.....Date:.....

C. FOR OFFICIAL USE ONLY

Date of Admission:.....Membership No:.....

First deduction due:.....Membership Class: Tick appropriately A,B,C.

Approved by:

.....	**.....**	**.....**
CEO	**Hon. Sec**	**Chairman**

WITHDRAWAL FROM THE SOCIETY

Date of withdrawal.....Date of Refund: .....

Cheque/Voucher No.....Minute No./Date :.....

…….....	…….....	…….....
C.E.O	**Hon. Secretary**	**Chairman**