

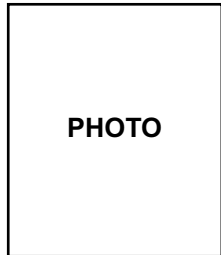


WASHA SACCO LTD.

P. O. Box 83256 - 80100
Mombasa - Kenya

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**WASHA CO-OPERATIVE
SAVINGS AND CREDIT SOCIETY LTD
MEMBERSHIP APPLICATION FORM
(Complete in Block Letters)**



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

YOUR MONTHLY CONTRIBUTION Kshs.....

The Hon. Secretary,

Washa Sacco,

P.O. Box 83256,

MOMBASA.

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 confirm 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.

A. FULL NAME: MR, MRS, MISS,

(BLOCK LETTERS)

ID Card No.....Date of Birth.....

Marital Status.....

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

Employer (Name Address).....Telephone No.....

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

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

Home Address:.....

Home District:.....Home Division:.....

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

Telephone:.....Email Address:.....

KRA PIN:.....

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.

NOMINATED NEXT OF KIN:

Full Name:.....Age:.....

ID Card No:.....Sex:.....

Relationship to the applicant.....

Address:.....

Telephone:.....

WITNESS

Name:.....Address:.....

Signature:.....Date:.....

Applicant's Signature:.....

BENEFICIARY (IES)

NAME	SEX	AGE	RELATION	ID.NO.	DISTRIBUTION %

Further instructions of Kin / Society.....

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

C. FOR SOCIETY USE ONLY

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

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

Sign:.....

Hon. Secretary

Treasurer

Chairman

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

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

Sign:.....

Hon. Secretary

Treasurer

Chairman