

ABIRIA SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

P.O. BOX 41001-00100 NAIROBI, KENYA

TEL: 020-6751185 FAX: 0203555497

1. MEMBERSHIP APPLICATION FORM

(This form needs to be filled and returned to The Hon. Secretary Abiria Sacco, P.O. Box 41001-00100 Nairobi, Kenya. You are required to attach a copy of your national identity card, a copy of water/electricity bill, a diagram of location of residence, a recent Passport size photo with your name, signature & ID number inscribed at the back.)

Name in full..... (BLOCK LETTERS)

Employer.....

Date of first Appointment.....Official Designation.....

Date of Birth.....Terms of Service.....

If on Contract indicate when contract is terminating/Ending.....

Official Personal No.....Station.....

Present Address.....

I/D No.....Email Address.....

Home Address.....

Mobile No.

Next of Kin [Nominee] Telephone no. and Address.....

.....

Next of Kin's relation to Member.....

In making this membership application, I do hereby agree to conform to the society's By-laws and any amendments thereof.

Signature of Applicant.....Date.....

Entrance fees of Kshs. 1000 for Casuals and kshs.3, 000 for franchisees to be included in the first month deductions.

Referee _____ (To be filled by the member introducing the applicant)

I _____ ID/Passport No. _____ M/No _____
Confirm that the applicant is my _____ (Employee) and he/she is capable of independently making regular monthly contributions as a member of Abiria Sacco Ltd. (Attach copy of national ID.) Member's signature _____ Date _____

2. AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

The Accountant

.....
.....

Monthly Savings

I,, hereby authorize you to deduct the sum of Kshs.....(Kenya Shillings).....
From my salary every month and pay to the ABIRIA Co-operative Savings and Credit Society Limited with effect from.....until further notice.

Member's Signature.....Date.....

FOR CASUALS ONLY

Monthly Contributions to be paid through (Tick Appropriate)

Check off (____) Standing Order (____) Cheque/Cash (____)

FOR OFFICIAL USE ONLY

Date of Admission.....

Date of Cessation.....

Approved by Managing Committee Minute No.....

Membership No.....

Signed..... (Chairman/Secretary.)