

FARMERS CHOICE CO-OPERATIVE SAVINGS AND CREDIT SOCIETY L.T.D

1. APPLICATION FOR MEMBERSHIP

COMPLETE THIS FORM IN BLOCK LETTERS

The Hon. Secretary
P.O. Box ...47791-00100 Nairobi, Kenya.
Business NO: 654299
Account NO: Your Payroll Number

I hereby make an application for membership and agree to conform to the Societies By-Laws and any amendments thereof.

FULL NAME: MR. MRS. MISS
DATE OF BIRTH OFFICIAL DESIGNATION.....
PAYROLL NO. TERMS OF SERVICE
ID NO. EMPLOYER
DATE DEPARTMENT.
MOBILE NO. EMAIL ADDRESS.
WORK STATION.....
START MONTHLY CONTRIBUTIONS (KSH) MONTH.....
PRESENT POSTAL ADDRESS HOME POSTAL ADDRESS

.....
Signature of Applicant

2. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me (less any debts owed to the Society), to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the Nominated next of Kin by filling in a subsequent Nominated Next of Kin form.

NOMINATED NEXT OF KIN (FULL NAME)
RELATIONSHIP TO THE APPLICANT
(IF A MINOR, GIVE THE NAME OF GUARDIAN)
I.D. NO. MOBILE NO.....
POSTAL ADDRESS OF THE NEXT OF KIN EMAIL
WITNESS:
NAME Signature of Applicant
.....
Signature

3. FOR OFFICIAL USE ONLY

1) DATE OF ADMISSION TO MEMBERSHIP..... FIRST DEDUCTION DUE.....
MEMBERSHIP REGISTER NO. RECORDED BY MANAGEMENT COMMITTEE
CHAIRMAN'S SIGNATURE..... MINUTES NO. / DATE
2) DATE OF WITHDRAWAL DATE OF REFUND, MANAGEMENT COMMITTEE
CHAIRMAN'S SIGNATURE..... MINUTES NO. / DATE

**NOTE: REGISTRATION FEE OF 1000/--(NON REFUNDABLE) IS REQUIRED.
(ATTACH A COPY OF YOUR NATIONAL IDENTIFICATION CARD)**