

DHAMINI CO-OPERATIVE SAVINGS & CREDIT SOCIETY

P.O BOX 44749 00100, NAIROBI, Tel: 0714 373862, 0735 497564 email address dhaminisacco@gmail.com

COMPLETE THIS FORM IN BLOCK LETTERS

1. APPLICATION FOR MEMBERSHIP

I hereby make an application for membership and agree to conform to the Societies By-laws and any amendment thereof:-

Full Name: Mr/Mrs/Miss.....
Date of Birth.....ID number.....
Employer.....Official Designation.....
Payroll No.Terms of service.....
Date of Application.....Department.....
Present Address.....
Home address.....Email Address.....
Mobile No.....Signature of Applicant.....
Bank Name.....Branch.....
Account No.....

2. a) NOMINATED NEXT OF KIN

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 debts to the Society, to the person named in this section. The name of 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..... I.D No. of Next of Kin.....
Address of Next of Kin..... Mobile No. of Next of Kin.....
Witness Name.....(Witness must be an existing Member)
Witness Signature.....
Applicant Signature.....

b) Registration fees **Kshs. 1500.00** Non-refundable
Monthly contribution (subject to minimum Kshs.1000.00)
Total first month
=====

With effect from.....Year.....
Signature

(Attach a copy of ID and one Passport size photo)

Introduced by.....Mno.....Sign.....

(Please Inform Dhamini Sacco Office Whenever Any of the Above Details Change)

3. FOR SOCIETY USE ONLY

1) Date of Admission to Membership.....First Deduction due.....year.....
Membership Register No.....Recorded in Board meeting of.....
Chairman's signature.....Minute No.....Date.....
2) Date of Withdrawal.....Date of Refund.....
Chairman's Signature.....Board Minute No.....Date.....

DHAMINI SACCO SOCIETY LTD

Date:.....

From:
(NAME OF MEMBER)

TO THE ACCOUNTANT,.....
(NAME OF EMPLOYER)

P.O BOX CODE..... COUNTY.....

MONTHLY CONTRIBUTIONS TOWARDS DHAMINI SACCO

This is to authorize you to deduct a total of Kshs..... from my salary every month starting from the month ofyear.....Pay the said amount to **Dhamini Sacco Society Ltd** to be credited to my account as follows:

- Monthly Deposits
 - Share Capital
 - School fees savings
- Total

My Membership number is.....

Thanking you in advance for your co-operation.

Yours faithfully,

.....
MEMBER OF DHAMINI CS-CS LTD

