

# 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. GROUP APPLICATION FOR MEMBERSHIP

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

### Particulars

Group Name.....

Purpose .....

Telephone Number.....

A/C Number.....

Location.....

### Members' Particulars

#### Chairperson

Name.....

I.D Number.....

Signature.....

Telephone Number.....

#### Treasurer

Name.....

I.D Number.....

Signature.....

Telephone Number.....

**Secretary**

Name.....

I.D Number.....

Signature.....

Telephone Number.....

**Member**

Name.....

I.D Number.....

Signature.....

Telephone Number.....

Registration fees **Kshs. 2,000.00** Non-refundable .....

Monthly contribution (subject to minimum Kshs.5000.00) .....

Total first month

=====

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

Signature

*(Attach a copy of ID and one Passport size photos of account signatories, a copy of registration certificate, Chama constitution and minutes)*

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

**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.....