



APPLICATION FOR MEMBERSHIP

I hereby apply for membership and agree to conform to the By-laws of the Society or any amendments thereof.

NAME

..... ID

NO.....PIN NO.....

DATE OF BIRTH.....AGE.....

LOCATION.....COUNTY.....

PRESENT ADDRESS P. O BOX.....TEL.....

HOME ADDRESS P.O BOX.....

SECURITY FIRM
(EMPLOYER).....

P.O BOX.....

TERMS OF EMPLOYMENT..... PAYROLL/ CNO.....

Have you ever been a member of this Sacco before? YES/NO

Previous membership number.....

Year membership ceased.....

NEXT OF KIN (CONTACT PERSON).....

TEL (IF ANY)

NAME (S) NOMINEE(S)

1.....

2.....

3.....

4.....

Attach copy of your ID both sides

Date..... Signature of applicant.....

DATE OF
ADMISSION.....

DATE OF
CEASATION.....

APPROVED BY MANAGEMENT COMMITTEE MEMBERS

MEMBERSHIP

NUMBER.....

RETURN TO WALINZI SACCO SOCIETY LTD
P.O BOX 66257-00800
TEL. 0729-324639

THE CO-OPERATIVE SOCITIES ACT

FORM VI A: DEDUCTION AUTHORIZATION FORM

TO.....
(Employer)

DEDUCTIONS FROM MY SALARY PROCEEDS

I.....ID
NO..... PAYROLL/ C/ NO.....OF P.O BOX.....
Telephone No.....

Hereby authorize you to make my deductions from my salary/proceed of Kshs.....to be remitted to WALINZI SACCO SOCIETY LTD to be credited towards my shares account from time the said society may advice you on deductions. The society's instructions shall be taken as if given under my hand. These instructions shall remain in force unless by me in concurrence with the said society.

Given under my hand this.....day of
.....20.....Signature.....

Cc

Chairman,
Walenzi Sacco limited
P.O. Box 66257-00800

Nairobi

Telephone: 0729-324 639

APPLICANT'S BANK DETAILS

Bank Name:
.....

Branch Name:
.....

Account number:
.....

