

**WASKOM SAVING AND CREDIT CO-OPERATIVE SOCIETY LIMITED**  
**P. O. Box 17592-00500**  
**NAIROBI**

**MEMBERSHIP APPLICATION FORM**

**The Chairman**  
**Waskom Sacco**  
**NAIROBI.**

Dear Sir or Madam

I hereby apply for membership in Waskom Sacco Society and agree to abide by the by Laws and / any other amendments thereof.

Naomba kuwa mwanachama wa chama cha ushirika cha Waskom na nitakubali daima kufuata masharti yake pamoja na masahihisho pia.

**PERSONAL PARTICULARS**

NAME: \_\_\_\_\_ I D NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CIVIL STATUS: MARRIED / NOT MARRIED (*tick one*).

NAME OF SPOUSE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I. D. NO. \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PERMANENT HOME ADDRESS \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_ DISTRICT \_\_\_\_\_

DIVISION \_\_\_\_\_ LOCATION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

**NOMINATION OF BENEFICIARY**

Name of Beneficiary	Address	Date of Birth	Relationship	% Share

ENTRANCE FEE – KSHS. 500/= (*Non Refundable*) re-entrance fee ksh 1,000

**DECLARATION**

I hereby declare that all information on this form is true to the best of my knowledge and confirm that it supercedes any previous information.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Signature**

Witnessed By: \_\_\_\_\_

\_\_\_\_\_

**Name**

**Signature**

*It is the responsibility of the member to update the Sacco on any changes in details given above.*