



KENVERSITY SACCO SOCIETY

P.O.BOX 10263 -00100, NAIROBI.



MEMBERSHIP APPLICATION FORM

SURNAME.....OTHER NAMES.....

DATE OF BIRTH.....ID.No.....P.F. No.....

INSTITUTION..... DEPARTMENT DESIGNATION:.....

TERMS OF EMPLOYMENT (permanent/Contract/Temporary /Casual),P.O BOX.....

EMAIL ADDRESS..... PHYSICAL ADDRESS.....

OFFICE TEL NO:..... MOBILE No.....

INTRODUCED TO KENVERSITY BY _____ M.NO. _____

BENEFICIARY IN THE EVENT OF DEATH

NAME:
ID NO:
ADDRESS:
CELL PHONE NO:
RELATIONSHIP:
(if more than one please ask for additional Beneficiary form)

1. The finance Officer/Chief accountant.....
(For casual employees and employees from other institutions)

AUTHORITY TO MAKE DEDUCTIONS FROM MY SALARY

Ihereby authorize my employer to deduct Ksh..... from my salary or any other financial benefit due to me and pay Kenversity Savings and Credit Co – operative Society Limited with effect from the month of 20.....being my savings with the society until further notice in writing, signed by me.

Sign.....

Date.....

Please attach two(2) color Passport Photographs, a copy of Appointment Letter, a copy of latest pay Slip, three(3) copies of National Identity Card and Ksh..500/= Entrance fee, ksh.500 account opening, total Ksh.1000/-

RISK MANAGEMENT NOMINEES (Fill in Duplicate)

I hereby declare that I have nominated the following person(s) under the risk management fund. This nomination cancels and super cedes any previous nomination(s) within the society.

	NAME	ADDRESS	ID. NO	RELATIONSHIP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

<u>NAME</u>	<u>I.D / PASSPORT No.</u>	<u>SIGNATURE</u>

ATTESTING WITNESSES.

1. NAME.....ID NO.....M.NO..... SIGN.....
2. NAME.....ID NO.....M.NO..... SIGN.....

FOR OFFICIAL USE ONLY.

1. **KENSA ACCOUNT NUMBER**

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2. **MEMBER NUMBER.....**
3. **Chairman/ Hon. Secretary (sign).....**
4. **Approving Minute Number.....**

RISK MANAGEMENT NOMINEES (Fill in Duplicate)

I hereby declare that I have nominated the following person(s) under the risk management fund. This nomination cancels and super cedes any previous nomination(s) within the society.

	NAME	ADDRESS	ID. NO	RELATIONSHIP
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8				
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10				

<u>NAME</u>	<u>I.D / PASSPORT No.</u>	<u>SIGNATURE</u>

ATTESTING WITNESSES.

- 3. NAME.....ID NO.....M.NO..... SIGN.....
- 4. NAME.....ID NO.....M.NO..... SIGN.....

FOR OFFICIAL USE ONLY.

5. KENSA ACCOUNT NUMBER

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6. MEMBER NUMBER.....

7. Chairman/ Hon. Secretary (sign).....

8. Approving Minute Number.....