

MWAMBA IMARA SACCO SOCIETY LTD

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**REGISTRATION FOR SOLID FOUNDATION SAVINGS ACCOUNT
(FOR MWAMBA IMARA SACCO MEMBERS' CHILDREN ONLY)**

(COMPLETE THIS FORM IN BLOCK LETTERS AND ATTACH COPY OF YOUR IDENTITY CARD AND TWO COLOR PASSPORT SIZE PHOTOGRAPHS)

GENERAL DETAILS

EMPLOYERS CODE..... EMPLOYERS NAME.....BRANCH CODE.....

FIRST NAME.....MIDDLE NAME.....LAST NAME.....

NATIONALITY:..... PIN NO:.....I.D. NO.....

MALE..... OR FEMALE..... DATE OF BIRTH MONTHLY CONTRIBUTION:

MWAMBA IMARA SACCO MEMBER NUMBER:.....

CONTACT INFORMATION.

PHONE NO:.....ALTERNATIVE NUMBER:.....

EMAIL:.....POSTAL ADDRESS:.....

TOWN:.....RESIDENTIAL:.....

NEAREST SCHOOL:..... NEAREST CHURCH/MOSQUE:.....

COUNTY:.....SUBCOUNTY:.....CURRENT LOCATION:.....

THE CHILD'S INFORMATION

FIRST NAME.....MIDDLE NAME.....LAST NAME.....

NATIONALITY:..... PIN NO:.....I.D. NO.....

MALE..... OR FEMALE..... DATE OF BIRTH MONTHLY SAVINGS :

NEXT OF KIN INFORMATION,

I the undersigned in the event of my death while still a member of this Society do authorize the Society to pay all amounts due to me, less any amount owing to the Society, to the person/people named in this section according to the percentage indicated.

1. FULL NAME OF NOMINEE.....

ID. NO./BIRTH CERT. NO. DATE OF BIRTH.....

RELATIONSHIP TO THE APPLICANT..... PERCENTAGE ALLOCATION.....

OCCUPATION..... ADDRES OF NEXT OF KIN..... EMAIL ADDRESS.....

PHONE NUMBER..... IS HE A SACCO MEMBER?

2. FULL NAME OF NOMINEE.....

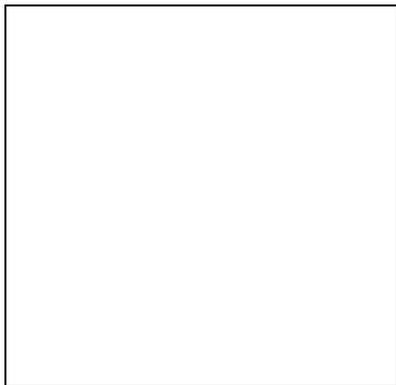
ID. NO./BIRTH CERT. NO. DATE OF BIRTH.....

RELATIONSHIP TO THE APPLICANT..... PERCENTAGE ALLOCATION.....

OCCUPATION..... ADDRES OF NEXT OF KIN..... EMAIL ADDRESS.....

PHONE NUMBER..... IS HE A SACCO MEMBER?

MEMBERS PHOTO AND SIGNATURE



MEMBERS SAMPLE SIGNATURE.
(Sign must be inside this Box)

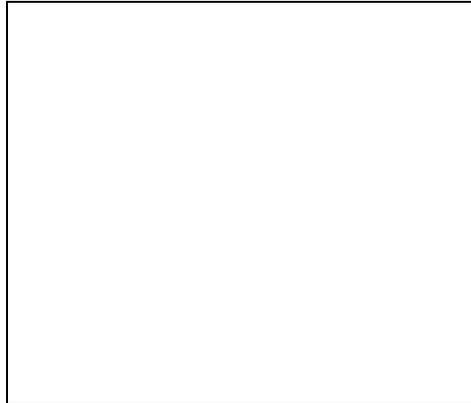
MEMBERS PHOTO

I undertake to abide by the rules of this SACCO as spelt out in the By-laws.

NAME.....SIGNED.....DATE.....

(APPLICANT)

THE CHILDS PHOTO



APPROVAL BY MANAGEMENT COMMITTEE

MINUTE NO.....DATE.....SIGNED.....
HON SECRETARY

FOR OFFICIAL USE ONLY

DATE ADMITTED.....

ACCOUNT NO.....

FIRST SAVINGS KSHS.....

ADDED BY.....DATE.....

SIGN.....

VERIFIED BY.....DATE.....

SIGN.....