



**BANKI KUU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD**

Haile Selassie Avenue, P.O. Box 60000 - 00200, Nairobi, Kenya  
Tel: 2863980/1/2/3/4, Mobile: +254 724-256-651



Fix Photo Here

**Main** 
**Education** 
**Deposit** 
**Holiday** 
**Christmas**

*\*Fill A Separate Form For Each Scheme\**

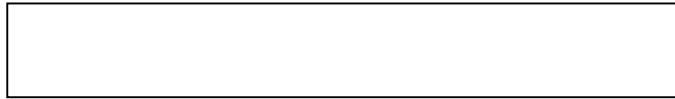
*\*One Must be a member of Main(Normal) Scheme to join another scheme\**

**1. APPLICATION FOR MEMBERSHIP**

I hereby make an application for membership and agree to conform to the Society's by laws and any amendment thereof.

FULL NAME: MR/MRS/MISS.....  
 DATE OF BIRTH.....OFFICIAL DESIGNATION.....  
 PAYROLL NO..... TERMS OF SERVICE.....  
 I/D NUMBER..... ADDRESS.....  
 EMPLOYER ..... BRANCH.....  
 EMAIL ADDRESS.....  
 MOBILE TEL NO..... OTHER MOBILE NO .....  
 BANK ACCOUNT NO..... BANK NAME.....  
 BRANCH NAME.....

SPECIMEN SIGNATURE



**2. NOMINATED NEXT OF KIN**

I, the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me less debts to the Society, to the person named in this section. The name of the nominee can be given in sealed letter. I understand that I may alter the name of the Nominated Next of Kin by filling in a subsequent Nominated Next of Kin form.

	<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>ID</u>	<u>Telephone</u>	<u>% Share</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

WITNESS (NAME) \_\_\_\_\_ SIGNATURE OF WITNESS \_\_\_\_\_

REFERRED BY (NAME) \_\_\_\_\_ SIGNATURE OF WITNESS \_\_\_\_\_

**3. FOR SOCIETY USE ONLY**

**JOINING FEE (KSHS. 100)**  
 PAID ON.....  
 RECEIPT NO.....  
 DATE OF ADMISSION TO MEMBERSHIP.....  
 MEMBERSHIP REGISTER NO.....