



NG'ARA MAISHA

SAVINGS AND CREDIT SOCIETY LIMITED

P.O BOX 1372-50100, KAKAMEGA

Phone no: 0712881869

info.nmsacco@gmail.com / krrwsacco@gmail.com

**THE CHAIRMAN,
NG'ARA MAISHA SACCO LIMITED,
P.O BOX 1372-50100 KAKAMEGA.**

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS OF APPLICANT

I hereby submit this application for membership to your society having developed interest in it as pertains its rules and operations.

1. MY PARTICULARS ARE AS FOLLOWS:

Full Names.....
Surname
First Name
Other Names

P/NO.....KRA NO:.....ID/NO.....

Home postal address.....

Email Address:

PHONE No.....Alternative Phone Number.....

2. PERMANENT RESIDENTIAL PARTICULARS (PLACE OF BIRTH)

Village (Kijiji)Ward.....Sub County.....
 County.....

Nearest School.....

3. OTHER RESIDENTIAL PARTICULARS – NEW HOME

TOWN.....STREET.....WARD.....
 SUB COUNTY.....

4. EMPLOYMENT / BUSINESS DETAILS

Employment No/Business Reg. No:

Name of Employment/Business:

Name of Town/Station: Address

Terms of Service/ Nature of Business.....

Position in Employment/ Business.....

Any Other Relevant Information You May Wish To Provide

.....
.....

5. MEMBERSHIP DETAILS (BY APPLICANT)

Member's deposits to pay per month Kshsin words.....

.....

Proposed next of kin Name:

Relationship with the applicant.....

Signature of Applicant
(Specimen Signature)

Date.....

FOR OFFICIAL USE ONLY

Date of Admission to Member ship:

Member Number:

Checked by: Sign:Date:

Confirmed by: Sign:Date:

Confirmed by: Sign:

Date:



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NOMINATION FORM

THE CHAIRMAN,

NG'ARA MAISHA SACCO LTD

I.....ID No of Post office..... Member of NG'ARA MAISHA SACCO SOCIETY LTD, being member No:..... hereby nominate the following nominee(s) to inherit my shares or interest in the said Society in the following manner:

	Name of nominee(s)	Relationship	% of shares/interest
1			
2			
3			
4			
5			

SIGNATURE OF APPLICANT.....DATE.....

Witnessed by:

Name:.....ID/NO.....Signature.....

For official use

Confirmed by;

Name.....Sign.....Date.....

Chairman.....Sign.....Date.....



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MEMBER'S SPOUSE, CHILDREN AND PARENTS FORM (REVISED 2021)

Member's Name:.....

MNO.....P/NO.....ID No.....

Date of Birth.....Employer.....

Station.....Tel No.....Home Sub County.....Division.....

Location.....Sub-location.....

Name of Chief.....

Nearest Market/Town/School:

SPOUSE'S NAME		AGE	ID/BIRTH CERT NO	ADDRESS
1				
2				
3				
4				
PARENTS NAME		TICK		
1		ALIVE	DEAD	
2		ALIVE	DEAD	
CHILDREN NAME				
1				
2				
3				
4				

Isolemnly declare that this form contains a full and true statement of details so required. It is issued without alteration.

Member's Signature.....**Date**.....

For official use:

Name.....Sign.....Date.....

Chairman.....Sign.....Date.....

Information in this form will be kept confidential. No erasures or cancellations are permitted.