

# T U SHIRIKIANE SACCO SOCIETY LTD

**P.O BOX 1896,  
NYERI.**

## APPLICATION FORM FOR MEMBERSHIP

**600**

MEMBERSHIP NO. \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAMES \_\_\_\_\_ GENDER \_\_\_\_\_

I.D NO. \_\_\_\_\_ (attach a copy) AGE \_\_\_\_\_

I.D SERIAL NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_

MOBILE NO. \_\_\_\_\_ OFFICE PHONE NO. \_\_\_\_\_

OCCUPATION/BUSINESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

PHYSICAL LOCATION \_\_\_\_\_ AREA OF \_\_\_\_\_

PLOT/BLOCK NO. \_\_\_\_\_ FLOOR NO. \_\_\_\_\_ ROOM NO. \_\_\_\_\_

ROAD/NEXT BUSINESS \_\_\_\_\_ OPPOSITE BUSINESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

INTRODUCED TO THE SACCO BY \_\_\_\_\_ MEMBER NO. \_\_\_\_\_

BUSINESS LICENCE NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

EMPLOYERS MOBILE NO. \_\_\_\_\_

DATE OF EMPLOYMENT / START OF BUSINESS \_\_\_\_\_

<u>NEXT OF KIN DETAILS</u>	
FULL NAME _____	_____
RELATION _____	_____
ADDRESS _____	_____
PHONE _____	_____

<b>2 REFEREES WHO ARE MEMBERS OF OUR SACCO</b>	
NAME _____	NAME _____
BUSINESS NAME _____	BUSINESS NAME _____
ADDRESS _____	ADDRESS _____
MOBILE NO. _____	MOBILE NO. _____
I.D. NO. _____	I.D. NO. _____
RELATIONSHIP _____	RELATIONSHIP _____
SIGN _____	SIGN _____

REGISTRATION FEE: **1,000/=** AMOUNT PAID \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

MEMBERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_