

ACTIONAID SACCO LTD.

A. APPLICATION FOR MEMBERSHIP

Date _____

I hereby make an application for membership and agree to confirm to the society by-laws and any amendments thereof.

Names _____ I.D No _____

D.O.B _____ Occupation _____

Present address _____ Home address _____

E-mail address _____ Mobile No _____

Employer _____ Service terms _____

B. NEXT OF KIN DETAILS

Name _____ Relationship to the applicant _____

Mobile No _____ I.D No _____ (attach copy)

Address of the next of kin: _____

Signature of applicant _____ Date _____

In witness of: _____ Signature _____

C. NOMINATION OF BENEFICIARY

I, the undersigned, in the event of death whilst a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts to the Society, to the person(s) named in this section. I understand that I may alter the name(s) of the nominees only by filling in a change of nomination form.

	NAME	RELATIONSHIP	PERCENTAGE	CONTACT NUMBER/EMAIL
1.				
2.				
3.				
4.				
5.				
6.				
7.				

I confirm that:

- (i) I may revoke this direction at any time by submitting a nomination form to the SACCO.
- (ii) I understand that this nomination will be revoked automatically in the event of the persons who are to benefit predeceasing me.

D. REMITTANCES

My preferred mode of payment will be: (tick)

1. Pay roll [] 2. Cheques & bank transfers [] 3. Other [specify] _____

Kshs. _____ Amount in words. _____

with effect from _____ until further notice.

Signature of applicant _____ Date _____

In witness of: _____ Signature _____

Official use only

Application date _____ Admission date _____

Membership No _____