

## The Favored One

# Wire Company

# Located at: Athiriver Road Off Addis Ababa Road, Industrial Area – Nairobi Kenya

Tell: 0784014073 / 0115714568

Mail: wirecpn@gmail.com

Name of the	Nationality	ID / Passport	Date of Birth	Physical Address		
partner						
Gender		Male	Female	Other		
Terms of agreement	Monthly	Quarterly	Yearly	Renew		
Marital status	Married	Single	Widow	Others		
Area of Residence	Town	Estate/ Village				
Email address		RE COMPANY				
Souses of income		Employment	Businesses			
Terms of Application	Money Market	Amount Credit	Monthly interest 7%	Sign		
A	. 1					
Amount Credited in words						
Next of Kin						
Name	Relationship	Phone No:	ID	Sign		

#### Form Declaration.

I nominate the person named in the Next of Kin section to be my preferred beneficiary receiving any lamp some benefits payable under the MMWC under my name in case of permanent incapability or death.

## **BYLAWS**

- All members are required to contribute a minimum share of a hundred thousand and above, and also add as much contributions as they can.
- All new members are required to maintain partnership for a minimum of three months before termination of the partnership.
- > Termination of the partnership should be notified to the office taking fourteen business days to be processed.
- Upon any termination before the signed date of partnership, no interest will be issued to the member.
- All payments should be done through:

M-Pesa Pay Bill: 0240240 / Wire Company

Bank Account: 801114039701 / Stima Sacco

Till Number: 8361408

- Office working days are Monday to Friday from 8:00 am to 5:00 pm
- The company holds its annual general virtual meeting once a year.
- Members will receive a 7% monthly interest of their shares.
- Every member will earn a commission of 2% for every referral they make.

### **DECLARATION**

I declare that all the information given is true and shall abide to all the terms and conditions laid down by the MMWC. (giving false information is an offence under the lows of Kenya),

Applicants Signature	Date
Witness Name	Membership Number
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I here by apply for membership and to confirm and abide by the initials of MMWC bylaws, regulations, guidelines and thereof.

This form should be submitted to our email: wirecpn@gmail.com

# For Official Use Only

We have checked and confirmed that all the information given above is correct.

Membership Number	Signature	Date
Registered By		
Registered by		
Verified By		
Approved by		

WIRE COMPAN'