



The Favored One

Wire Company

Located at: Athiriver Road Off Addis Ababa Road.

Tell: 0784014073 / 0115714568

Mail: wirecpn@gmail.com

Name of the partner	Nationality	ID / Passport	Date of Birth	Physical Address
Gender		Male	Female	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terms of agreement	Monthly	Quarterly	Yearly	Renew
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marital status	Married	Single	Widow	Others
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area of Residence	Town	Estate/ Village		
Email address				
Souses of income		Employment	Businesses	
		<input type="checkbox"/>	<input type="checkbox"/>	
Terms of Application	Money Market	Amount Credit	Monthly interest 10%	Sign
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 lump sum 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.
- 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 laws of Kenya),

Applicants Signature.....

Date

Witness Name

Membership Number

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

Verified By

Approved by

