**FORM / WD/ A**

**WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED**

**PO BOX 23433-00625, NAIROBI.**

**APPLICATION FOR MEMBERSHIP (BY LAW No. 8)**

*(Strictly Confidential)*

I HEREBY MAKE APPLICATION FOR MEMBERSHIP OF YOUR SOCIETY AND AGREE TO ABIDE BY

THE BY-LAW AND/OR ANY AMENDMENTS THEREOF IN WANADAWA CO-OPERATIVE SAVINGS

AND CREDIT SOCIETY.

MY PARTICULARS ARE:-

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID/ NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ATTACH I/D COPY

*(Block Letters)*

EMPLOYER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOBILE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER'S / MOTHER’S / HUSBAND'S / WIFE’S ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT'S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE WITNESSED BY NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACH THE FOLLOWING DOCUMENTS:**

1. **COPY OF IDENTIFICATION CARD**
2. **COPY BANK ATM**
3. **1 PASSPORT COLOURED PHOTO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(FOR OFFICIAL USE ONLY)**

**SHS. 500/=.** ENTRANCE FEE PAID ON:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RCT No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

"VOLUNTARY ASSIGNMENT" SIGNED ON.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF ADMISSION TO MEMBERSHIP.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLOCATED MEMBERSHIP NUMBER.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(SECRETARY)*  *(CHAIRMAN)*

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**FORM / WD /B**

**WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED**

**PO BOX 23433-00625, NAIROBI.**

THE ACCOUNTANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_*(Organisation)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THRO' **THE SECRETARY / TREASURER**

**WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED**

**PO BOX 23433, NAIROBI.**

**TO WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED.**

I, MR./MRS./MISS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PAYROLL No.\_\_\_\_\_\_\_\_\_\_\_\_\_

HEREBY AUTHORISE AND REQUEST YOU TO DEDUCT FROM MY PAY EACH PAY DAY SUM OF SHILLINGS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SHS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITH EFFECT FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_ TO BE PAID TO WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED. THIS INSTRUCTION TO TERMINATE ONLY WITH KNOWLEDGE AND WRITTEN APPROVAL OF THE TREASURER OF THE SAID SOCIETY.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(FOR OFFICIAL USE ONLY)**

MEMBERSHIP NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE FORWARDED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF FORWARDING OFFICER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIETY ADMINISTRATOR

**FOR WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED.**

**FORM WD/A1**

# WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

**P.O. BOX 23433-00625, NAIROBI**

**NEXT OF KIN FORM.**

NAME ( YOURS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorise and direct payments of the shares and other benefits attaching thereto, to my

Nominee (MRITHI) as follows:

**FULL NAME OF NOMINEE %( 100) RELATIONSHIP ADDRESS/ CONTACTS**

1……………………………… ……… ……………… …………………………….

2……………………………… ……… ……………… ……………………………..

(Payable on death or permanent disability of the member)

NOTE:

1. These instructions shall revoke and supersede any previous instructions which may have

been given to the Society regarding payment.

1. I reserve the right to revoke these instructions and I agree that such revocation shall become

effective only when the Society receives a written notice.

Dated this……………………………………………………..

Member Signature……………………………………………

***FORM / WD /C***

***WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED***

***PO BOX 23433-00625, NAIROBI.***

***CHRISTMAS SAVINGS ACCOUNT ENTRANCE FORM.(OPTIONAL)***

*THE ACCOUNTANT*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_(Organisation)*

***NB:***

***(THIS IS A NEWLY INTRODUCED CHRISTMAS SAVING SCHEME WHEREBY THE ENTIRE SUM CONTRIBUTED WILL BE REFUNDED BY NOVEMBER EVERY YEAR TO HELP YOU ENJOY YOUR XMAS HOLIDAY. MINIMUM CONTRIBUTION IS KSHS 500/=.)***

*THRO'* ***THE SOCIETY ADMINISTRATOR,***

***WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED***

***PO BOX 23433, NAIROBI.***

*I, MR./MRS./MISS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PAYROLL No.\_\_\_\_\_\_\_\_\_\_\_\_\_*

*HEREBY AUTHORISE AND REQUEST YOU TO DEDUCT FROM MY PAY EACH PAY DAY SUM OF SHILLINGS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SHS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*WITH EFFECT FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOR CHRISTMAS SAVING SCHEME TO BE PAID TO WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED.*

*NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(FOR OFFICIAL USE ONLY)***

*MEMBERSHIP NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DATE FORWARDED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SIGNATURE OF FORWARDING OFFICER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SOCIETY ADMINISTRATOR*

***FOR WANADAWA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED***