



# HURIMA SACCO SOCIETY LIMITED

P.O. BOX 2012-00621, NAIROBI

hurimasaccoltd@gmail.com

"SAVE, BORROW, PROSPER"

## APPLICATION FOR MEMBERSHIP

I hereby make an application for membership and agree to comply with the Society's by-laws and any amendment thereof.

- 1) FULL NAME: MR/MRS/MISS. \* \_\_\_\_\_
- DATE OF BIRTH\* \_\_\_\_\_ DESIGNATION \_\_\_\_\_
- PAY ROLL NO\* \_\_\_\_\_ TERMS OF SERVICE \_\_\_\_\_
- ID NO \* \_\_\_\_\_ BUSINESS UNIT \_\_\_\_\_
- DATE\* \_\_\_\_\_ DEPARTMENT \_\_\_\_\_
- MARITAL STATUS \* \_\_\_\_\_
- TELEPHONE NO\* \_\_\_\_\_
- CURRENT ADDRESS \_\_\_\_\_

2) NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, or incapacity 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 named in this section. (The name of nominee can be given in a sealed letter.)

I understand that I may alter the names of nominated next of kin.

### **NOMINATED NEXT OF KIN(S) (FULL NAMES)**

NAME*	RELATIONSHIP*	CONTACTS*	PROPORTION
<i>First Name</i>	<i>Last Name</i>		
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____

Field marked with star (\*) are mandatory



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3) **FOR SOCIETY USE ONLY:**

- ❖ Date of admission to membership \_\_\_\_\_
- ❖ Membership Registration No. \_\_\_\_\_
- ❖ Chairman's Signature \_\_\_\_\_
- ❖ First Deduction \_\_\_\_\_
- ❖ Recorded by Management Committee \_\_\_\_\_
- ❖ Minutes No./ Date \_\_\_\_\_
- ❖ Date of Withdrawal \_\_\_\_\_

## **AUTHORIZATION TO DEDUCT FROM SALARY**

1) I hereby authorize the following amount KShs \_\_\_\_\_ to be deducted from my salary and remitted to the society every month with effect from-----  
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2) Share Contribution \_\_\_\_\_

3) Other (state purpose) \_\_\_\_\_

4) Total \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Treasurer \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Deductions shall not be undertaken without the approval of the Society.

Signature of Treasurer \_\_\_\_\_

❖ Chairman's Signature \_\_\_\_\_

❖ Voucher/ Cheque no. \_\_\_\_\_

❖ Date of refund by Management Committee \_\_\_\_\_

Minutes no./Date \_\_\_\_\_