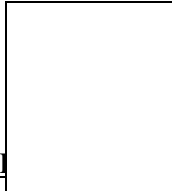


KEMRI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

P.O. BOX 19643 KNH TELEPHONE: 020-2722170

APPLICATION FOR MEMBERSHIP FORM



NB: COMPLETE THIS FORM IN CAPITAL LETTERS AND ATTACH A COPY OF YOUR NATIONAL ID CARD TOGETHER WITH TWO PASSPORT SIZE PHOTOGRAPHS

I hereby apply for membership and agree to the society's By-laws and policies and amendments thereof. I also declare that I do not belong to any other co-operative saving and credit society.

1 Full Name Mr./Miss/Dr./Mrs./Ms.

2 NationalityID NOAge.....

3 EmployerDate of Employment

4 Employer's Address

5 Dept. / sectionPayroll No

Telephone No.....station (Town).....

6 Position in employment (Designation).....

7 Terms of service: Temporary/Contract/Permanent and Pensionable (Delete as appropriate)

If under Temporary or contract state expiry date

(a) State whether the Temporary or Contract employment is renewable (Yes/No).

8 Home Address.....

(i) District..... (ii) Division.....

(iii) Location.....(iv) Sub- Location.....

(v) Village (vi) Chief

(vi) Sub-Chief.....

9 Personal/ Private Address (If any).....

10 (I) **NOMINATED BENEFICIARY**

I the undersigned, do hereby instruct the society that in the event of my death while still a member, all sums of money due to me, less any debts owed to the society should be paid to my nominated beneficiary and representative of my legal dependants whose particulars are provided below:

Full Name of nominated beneficiary

ID NOAgeRelationship

Home addressTelephone (if any)

Present AddressTelephone (if any).....

(i) **NOMINATED NEXT OF KIN**

(ii) In the absence of my nominated beneficiary, I instruct the society to contact my nominated next of kin, whose particulars are provided below, to advise and assist the society regarding payment of co-operative dues.

Full Name of nominated next of kin

ID NOAGERelationship

Home Address.....Telephone (if any).....

PresentAddress.....Telephone (if any)

NB: Should you wish to alter either the name of your nominated beneficiary or Nominated next of kin or both, Please request for a separate form from the Society.

11 (I) I understand that I have to pay a non –recurrent member fee of Ksh.....only and benevolent fund contribution of Ksh..... per month.

(ii) My starting shares contribution will be at the rate of Ksh.Per month (check minimum share contribution) with effect from the month of20.....until further notice.

12 Are you a former member of the society? If so, your membership No. Was.....

Applicant’s Signature..... Date:.....

Witness:

NamesignatureM/no.....Date

PART B:

NB: FOR OFFICIAL USE ONLY

1. Approved/Not approved by the management committee in the meeting of

Confirmed by:

Chairman (Signature) Date.....

Secretary (signature)..... Date.....

Treasurer (signature) Date

2. Date of admission to membershipMembership No

3. Starting monthly share contribution Ksh.....with effect from.....

Add membership fee Ksh(non-recurrent)

Total sum payable on entry only Ksh

4. Entered in the registry by:

..... On

NAME SIGNATURE DATE

5 Copy of National Identity card enclosed / Not enclosed

6. Two passport size photographs enclosed / Not enclosed

7. Membership card prepared and forwarded by:

..... On

NAME SIGNATURE DATE