

CONFIDENTIAL

Ever-Gain Savings & Credit Co-operative Society Limited,

P.O. Box 54204-00200, Nairobi. Tel 0718-841892

Email-evergainsacco@gmail.com

Affix coloured passport
Size photo here

APPLICATION FOR MEMBERSHIP (BY-LAW NO.8)

I hereby make this Application for Membership and agree to abide by the By-Law and /or any amendments thereof. My particulars are as follows:

Surname

Other Names

Date of Birth

ID No. (Attach copy)

Occupation

Employer/business Name

P.O Box

Postal Code

Town

Physical Address : 1) Home

Physical Address : 2) Office

Tel. 1) Mobile

2) Office

Email Address

Full Name of Next of Kin:

Relationship to the Next of Kin

Next of Kin Address:

Next of Kin Contact(s)

Applicants Signature

Date

Witnessed by (Member name & membership No.)

Signature of Witness

Date

(FOR OFFICIAL USE ONLY)

Kshs. 2,000 Entrance Fees Paid on

Receipt No.

Date of Admission to Membership:

Introduced by:

Seconded by:

Date of Ceasation of Membership:

Allocated Membership N:

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BENEFICIARY NOMINATION FORM

The Co-operative Society's Act Section 39 and Rule No. 32 requires members to appoint next of Kin (who can claim the member's shares in case of death) on a standard form. We have reprinted the form and request you to sign, and forward the same to the Sacco for safe keeping.

No	Details of Nominee (s)	Relationship	Percentage(%)
1	Name		
	P.O. Box		
	Phone No.		
2	Name		
	P.O. Box		
	Phone No.		
3	Name		
	P.O. Box		
	Phone No.		
4	Name		
	P.O. Box		
	Phone No.		
5	Name		
	P.O. Box		
	Phone No.		

Witnesses' Names and Addresses	ID No.	Signature
1st Witness (Name)		
P.O. Box		
2nd Witness (Name)		
P.O.Box		

Given under my hand this _____ day of _____ 20____

Member 's Signature _____