

## **APPLICATION FOR MEMBERSHIP**

			No
Date of <i>i</i>	Application:		
Α.	Details of Applicant		
	Full Names (In block Capitals)		
	Date of Birth		
	Postal Address		
	Telephone	Off: Mobile:	_
	Occupation:		
в.	Entrance Fee		
I will cor	tribute a non-refundable fee of $Ksh1.000$	D/- as stipulated under clause 9 of the By-Laws of King	a Savings & Credit
Society.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Society.			
C.	Share deposit		
	I will contribute non -refundable but transfe	ereable Ksh 10,000 as my Share Deposit.	
	D. Shares		
My mon System)	thly contributions will be Ksh	per month (Please note that this contribution should	be made by Check-Off
Month c	f First Conribution		
Sign	ature of Applicant		
Jight			
	Date		
	cial Use only: ion approved by:		
Chairma	n Date		
Secretar	y Date		
Treasure	er Date		

By appending my signature, I give authority to the Payroll Administrator to deduct the above monthly contributions from my salary and remit the same to the society. Also, I will abide by the rules and regulations as stipulated in the By-Laws of the Society.



## **APPOINTMENT FORNOMINEE**

l (name of member)		of P.O.Box	
Being a member of the abo	ove society, do her	eby appoint as my Nominee (beneficiary)	
Full names of Nominee			
Postal Address			
Telephone	Off:	Mobile:	
Signature of member		Date:	
In the presence of:			
Witness (Name)		Sign:	
Date :			
Witness (Name)		Sign:	
Date :			

NB: Every member shall have the right to change his/her nominee subject to:

- a. Any such change or alteration must be in writing
- b. Such change or alteration must be attested by two witnesses.

The purpose of this appointment is to establish a nominee/beneficiary to whom shall be transferred a member's shares, deposits, or any other interests less any sums due to the society upon the unfortunate death of the member