



INGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

3/65/EXT.28214 Mobile 0733809421/0795951672/ 0202172248

@yahoo.com/chunasacco@uonbi.ac.ke

MEMBERSHIP APPLICATION FORM

NOTE: See instructions overleaf

A. PERSONAL DETAILS

1. SURNAME.....FIRST NAME..... LAST NAME.....
2. NATIONAL ID OR PASSPORT NO..... DATE OF BIRTH..... /...../.....
3. POSTAL ADDRESS: P.O. BOXCODE.....CITY/TOWN.....
4. PHYSICAL ADDRESS: ESTATE.....HOUSE NO.....TOWN/CITY.....
5. MAIL ADDRESS.....KRA PIN.....
6. PERSONAL TEL NO.....ALTERNATIVE TEL NO.....
7. NAME OF PUBLIC INSTITUTION NEAR YOUR PLACE.....
8. EMPLOYER.....DEPARTMENT.....
9. **Terms of employment....Permanent/Casual/Contract (Tick One)**

B. NEXT OF KIN AND PUBLIC ADMINISTRATOR DETAILS

1. SURNAME.....FIRST NAME.....LAST NAME.....
2. NATIONAL ID/PASSPORT NO.....RELATIONSHIP.....
3. TEL NO.....EMAIL ADDRESS.....
4. NAME OF LOCATIONAL CHIEF.....
5. NAME OF ASSISTANT CHIEF OF YOUR SUB LOCATION.....

C. LIST OF DEPEDANTS (Only one Spouse, biological and legally adopted children)

FULL NAME	DATE OF BIRTH			SEX	RELATIONSHIP
	D	M	Y		

D. IRREVOCABLE INSTRUCTIONS

I, Prof/Dr/Mr./Mrs./Miss..... (In block letters) of Payroll
 No.....hereby authorize CHUNA SACCO to deduct from my Salary on a monthly basis
 Kshbeing monthly contributions towards my membership. I also acknowledge that this
 instruction shall/can only be terminated with knowledge and written consent of CHUNA SACCO.

I also do hereby certify and confirm that the information I have provided herein is true and correct to the best
 of my knowledge and incase of any changes I will notify the SACCO in writing and if any explanation is sought
 by CHUNA SACCO from my end, I shall provide such information within **fourteen** days in writing from the date
 of receipt of such request.

Sign in the box bellow:

P.T.O



CHUNASACCO SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

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E. MEMBERSHIP REFERRAL

Recruited by: Member No..... Name.....Signature.....Date.....

F. FOR OFFICIAL USE ONLY

Application verified and approved by;.....Position..... Sign.....Date.....

Membership No.(Allocated).....Membership fee receipt No.....

Instructions

1. Please fill all the Sections you are required to except Section E and F.
2. Section E is to be filled by a current CHUNA SACCO member.
3. **Please** Attach the following Documents;
 - i. Copy of your **National ID/Passport**
 - ii. Copy of your **KRA PIN**
 - iii. Copy of your current **payslip**
 - iv. One **Passport** photo size
 - v. Copy of appointment **Letter**
4. Membership **Joining/Rejoining** fee is Ksh **500.00**
5. **List of Beneficiaries** :List them and the percentages (Mandatory)
A beneficiary is the individual(s) appointed to benefits from the estate in case of person's demise while still a CHUNA SACCO member.

	Name in full	Relationship	ID NO.	Allocation%	Email address
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					