

**BANDARI SACCO SOCIETY LIMITED
MOMBASA****1. APPLICATION FOR FOSA SHARES MEMBERSHIP : (*COMPLETE THIS FORM IN BLOCK LETTERS*)**

The Honorable Secretary
P.O.BOX 95011, Mombasa.

I hereby make an application for application for membership and agree to conform to the society's by-Laws and any amendments thereof.

FULL NAME: MR/MRS/MISS

DATE OF BIRTH WORK NO PIN NO

ID NO HOME ADDRESS

EMPLOYER DEPARTMENT

STATION MAILING ADDRESS

SIGNATURE OF APPLICANT

PLEASE NAME ONE REFEREE:

NAME

ID NO

I authorize you to deduct Kshs (Amount in words)

..... from my salary every month with effect from

(Date)..... as shares contribution until further notice.

SIGNATURE OF APPLICANT

2. NOMINATED NEXT OF KIN

I the undersigned, in the event of death whilst a member of the society, I hereby instructs the society to pay all the amounts due to me less any debts to the society to the person named in this section. (Note that the name of the nominee can be given in a second letter.) I understand that I may alter name of the nominated next of kin form.

NOMINATED NEXT OF KIN (FULL NAME)

RELATIONSHIP TO THE APPLICANT ID NO

ADDRESS OF THE NEXT TO KIN

WITNESS NAME SIGNATURE OF APPLICANT

3. FOR SOCIETY'S USE ONLY

Date of Admission to membership First deduction due Membership No

Recommended by Management Committee Minute No Date

Chairman's signature Minute No Date