



BANDARI DT SACCO LTD

Power To Succeed

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 _____