



# WEAT SACCO CO-OPERATIVE SOCIETY LTD

P.O BOX 104 ISIOLO TEL. (0721 208 442).

## APPLICATION FOR MEMBERSHIP & ADMISSION FORM

[COMPLETE THIS FORM IN BLOCK LETTERS]

The Chairperson  
WEAT Sacco Ltd.  
P.O BOX 104-60300

ISIOLO.

**DATE:**.....

I hereby make an application for Membership and agree to confirm to the Society By-Laws and agree to any amendment thereof.

### PERSONAL PARTICULARS:

FULL NAME: MR/MRS/MISS (As per your Id) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ ID NUMBER \_\_\_\_\_  
CONTRIBUTOR'S No \_\_\_\_\_ CURRENT ADDRESS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ TOWN \_\_\_\_\_  
DATE \_\_\_\_\_ MOBILE NUMBER \_\_\_\_\_

### HOME ADDRESS:

COUNTY.....SUB-COUNTY.....DIVISION.....  
LOCATION.....SUB-LOCATION.....VILLAGE.....  
POSTAL ADDRESS.....  
PARENTS/GURDIAN'S NAME.....ADDRESS.....

### 2. NOMINATED NEXT OF KIN

*I, THE UNDERSIGNED, IN THE EVENT OF MY DEATH WHILST A MEMBER OF SOCIETY, I HEREBY INSTRUCT THE SOCIETY TO PAY ALL AMOUNTS DUE LESS ANY DEBTS TO THE SOCIETY, TO THE PERSON NAMED IN THIS SECTION, (THE NAME OF NOMINEE CAN BE GIVEN IN A SEALED LETTER,) I, UNDERSTAND THAT I MAY ALTER THE NAME OF THE NOMINATED NEXT OF KIN BY FILLING IN A SUBSEQUENT NOMINATED NEXT OF KIN FORM*

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ID NUMBER \_\_\_\_\_ PPOSTAL ADDRESS \_\_\_\_\_

### OTHER PARTICULARS:

ARE YOU A MEMBER OF ANOTHER SACCO? YES.....NO.....GIVE REASONS FOR YES.....  
NAME OF THE SACCO.....POSITION HELD.....  
POSITION HELD.....

I ACCEPT TO CONTRIBUTE KSH 500 PER MONTH OR MORE(Kindly attach, a copy of your National Id and 1 coloured passport size photo taen recently)

**SIGNATURE OF THE APPLICANT** \_\_\_\_\_

PASSPORT PHOTO



**3. FOR SOCIETY USE ONLY**

1. DATE OF ADMISSION TO MEMBERSHIP \_\_\_\_\_
2. FIRST DEDUCTION DUE \_\_\_\_\_
3. MEMBERSHIP REGISTER NO \_\_\_\_\_
4. APPROVED BY MANAGEMENT COMMITTEE M/NO \_\_\_\_\_
5. ENTRANCE FEE KSH 500 PAID ON \_\_\_\_\_
6. FIRST SHARE PAID ON \_\_\_\_\_
6. DATE OF SHARE WITHDRAWAL \_\_\_\_\_
7. DATE OF FIRST REFUND \_\_\_\_\_

CHAIRMAN'S/SECRETARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VOUCHER/ CHEQUE NO. \_\_\_\_\_

<p><b>WEAT SACCO LTD</b></p> <p><b>P.O BOX 104</b></p> <p><b>ISIOLO</b></p> <p><b>AUTHORITY TO MAKE DEDUCTIONS FROM .....</b></p>
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Ref ;.....

Member No;.....

**AUTHORITY TO MAKE DEDUCTIONS FROM SALARY**

I, ....., give authority to WEAT Sacco Ltd to deduct Ksh amount in (figures).....  
.....(Amt in Words;.....)  
.....) and remit it to WEAT Sacco Ltd account KCB Bank-Isiolo branch with effect from the month of .....

Signed..... Date.....

**Approval**

Treasurer's endorsement

Sign.....

Date.....



**NB; Share Capital Ksh 1000/=**

**Registration fee Ksh 500/=**