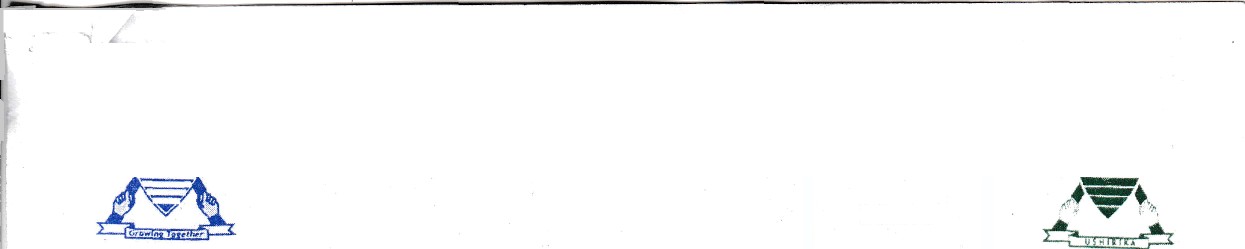
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THOME COMMUNITY SACC0 LTD.

 THE HON. SECRETARY

THOME COMMUNITY SACCO SOCIETY LTD. P.O. BOX 64679—006 18

MUTHAIGA, NAIROBI NORTH

0FFICE TEL: NO: 0790551410

 EMAIL:thomecsacco@gmail.com

APPLICATION FOR MEMBERSHIP

1) FULL NAMES.................................................................Email address.............................

2) MOBILE No............................................KRA-PIN NO...................................(ATTACH COPY)

3) TEL.(OFFICE). .......................................................MBR NO…. ...........................................

4) ID. NO/ PP NO. .......................................................................................(ATTACH COPY)

5) AREA OF RESIDENCE......................................................................................................

6) PRESENT ADDRESS.........................................................................................................

7) HOME ADDRESS..............................................................................................................

8) GUARDIAN/ PARENT ADDRESS/TEL................................................................................

9) SUB—LOCATION .......................................LOCATION........................................................

10) CHIEF…………………………………………………………………………………………………..

11) PLACE OF BIRTH............................................................................................................

12) DATE OF BIRTH…………………………………………………………………………………………..

13) NEXT OF KIN NAME............................................................ID NO / PP .........................

14) NEXT OF KIN ADDRESS........................................TEL. NO............................................

15) NOMINEE ADDRESS.............................................TEL. NO.............................................

16) RELATIONSHIP WITH NEXT OF KIN................................................................................

1st WITNESS......,...................................................RELATIONSHIP...............................

2nd WITNESS... .......................................................RELATIONSHIP..............................

I hereby make application for membership and agree to confirm to the by laws or any amendments thereof in the Theme Community Sacco Limited.

Date........................................ Signature.........................................



Photo





THE HON. SECRETARY

THOME COMMUNITY SACCO SOCIETY LTD P.O. BOX 64679-006 18

MUTHAIGA, NAIROBI NORTH

COMMITMENT TO CONTRIBUTE MONTHLY SHARES I.................................................................................................................. hereby commit to be contributing Kshs............................(in words) As share

Contribution......................................... by bank deposit to Thome Community Sacco Ltd.

with effect from the month of. 20. until further

notice.

FULL NAME......................................................................................................................

ID NO/PP NO……………………………………………………………………………………….

MEMBERSHIP NO..............................................................................................................

AREA OF RESIDENCE.......................................................................................................

PRESENT **ADDRESS……………………………………………………………………………….**

TEL. NO:.................................................................MOBILE NO..........................................

Shs. Cts Membership fee .......... ..

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| ....... ... | ...... |
|  |  |

Share Contribution........

Others............................

**Date.........................................................** Signature........................................

For official use Only

Date of Admission:................................................................................................................

Date of Ceasation: ..... ............. .. .. .......... ......................... .. ................................ .......... .

Approved by management Committee Minute No......................................................................

Membership No Hon**. Secretary**

Signature