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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



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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