

Daraja Dhabiti LIMITED

P.O. BOX 102046 00101

NAIROBI. TEL:

1. APPLICATION FOR MEMBERSHIP

(COMPLETE THIS FORM IN BLOCK CAPITALS)

THE HON SECRETARY

P.O. BOX 43588 00100

NAIROBI

TEL: 254 (20) 3750084 FAX: 254 (20) 3742107

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

FULL NAME:	Date of Birth:
Official Designation:	Payroll No:
Employer:	ID No:
Department:	Date:
Present Address:	Mobile:
Home Address:	E-mail:

NB: ATTACH COPY OF YOUR ID & NOMINATED NEXT OF KIN

Signature of Applicant: _____

No. Of Shares 20 @ Kshs.50.00 per month W.E.F year

Membership fee Kshs 1000/- payable with first contribution.

2. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death whilst a member of the society, hereby instruct the society to pay all amounts due to me, 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 a subsequent Nominated Next of Kin form.

NOMINATED NEXT OF KIN (FULL NAME):

RELATION TO THE APPLICANT: ID NO..... MOBILE:.....

ADDRESS OF NEXT OF KIN

NAME: WITNESS SIGN: WITNESS

SIGNATURE OF APPLICANT

3. FOR SOCIETY USE ONLY

1. DATE OF ADMISSION TO MEMBERSHIP

FIRST DEDUCTION DUE: MEMBERSHIP REGISTER NO:

RECORDED BY MANAGEMENT COMMITTEE

CHAIRMAN'S SIGNATURE: MINUTE NO/DATE

2. DATE OF WITHDRAWAL

DATE OF REFUND

CHAIRMAN'S SIGNATURE: MINUTE NO/DATE

VOUCHER/CHEQUE NO:

NOMINATION OF BENEFICIARY FORM

DARAJA DHABITI SACCO

Full Name and Surname of Member:

BENEFICIARIES: (INCLUDE GUARDIAN IN THE EVENT THAT CHILDREN ARE UNDER AGE)

Surname	First Name Other names	Address	Gender (M / F)	Share of Benefit %	Relationship

GUARDIAN DETAILS: (IN THE EVENT THAT CHILDREN ARE UNDER AGE 18)

Surname	First Name Other names	Address	Gender (M / F)	Relationship	Signature

I, the undersigned, recognize that my circumstances and those of the persons shown above as beneficiaries may change. I undertake to advise the Executive Committee when any change should be made regarding my nominated beneficiaries. I understand that this form amounts to an expression of my wishes only and that it is not binding on the Executive Committee. I further understand that this nomination nullifies any previous nominations completed and submitted to the Executive Committee.

Signature of Member:Signature of Witness:

Date:

FOR OFFICE USE ONLY

Date Received by the Executive Committee: Date Recorded:

Membership Number:

Name of Exec Comm. Member: Signature: