

**MWITO CO-OPERATIVE SAVINGS AND CREDIT SOCIETY**  
**TEL NO: 020-3505209 , 0713786028, 0715555390. EMAIL info@mwitosacco.coop**

The C.E.O  
Mwito Co-operative society Ltd.  
P.O Box 56763 – 00200  
NAIROBI.

REF. CS 3047

**APPLICATION FOR MEMBERSHIP FORM**

I hereby make application for membership and agree to confirm to the society's by-laws and any amendments thereof.

Name in full \_\_\_\_\_ (Block Letters)

Date of birth \_\_\_\_\_ Official Designation \_\_\_\_\_

Date of 1<sup>st</sup> appointment \_\_\_\_\_ Terms of service \_\_\_\_\_

Employer \_\_\_\_\_ Dept/Section \_\_\_\_\_

Payroll No \_\_\_\_\_ Station \_\_\_\_\_

Present address \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Home Address \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Email address \_\_\_\_\_ cell phone \_\_\_\_\_

Parent/Guardian and Address \_\_\_\_\_

Sub-location \_\_\_\_\_ location \_\_\_\_\_ County \_\_\_\_\_

**NOMINEE & ADDRESS (BURIAL FUND) Nominee preferably above 18 years**

Age \_\_\_\_\_ I/D No \_\_\_\_\_ Cell phone \_\_\_\_\_

Nominee's relationship to member \_\_\_\_\_

**NOMINEE AND ADDRESS (SHARE REFUND)**

Age \_\_\_\_\_ I/D No \_\_\_\_\_ Cell phone \_\_\_\_\_

Nominee's relationship to member \_\_\_\_\_

**ALTERNATE NOMINEE AND ADDRESS (in case of death of nominee to share refund)**

Age \_\_\_\_\_ I/D No \_\_\_\_\_ Cell phone \_\_\_\_\_

Nominee's relationship to member \_\_\_\_\_

**AUTHORITY TO MAKE DEDUCTION FROM MY SALARY- MONTHLY SAVINGS**

I, MR/MRS/MISS \_\_\_\_\_

Hereby authorize you to deduct the amount stated below from my salary every month and to pay it to Mwito Co-operative Savings and Credit Society Ltd. with effect from month of \_\_\_\_\_ until further notice. Non-refundable membership fee of **Shs.500**. Share/Deposit contribution per month \_\_\_\_\_

Applicant's signature \_\_\_\_\_ I/D No. \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Approving officer's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_