NYANDA SACCO

HEAD OFFICE, NYAHURURU
Cigma Centre,
Off Koinange Street.
2nd Floor, Room 201
P.O BOX 1381-20300, NYAHURURU
E-mail: nyamdasacco@gmail.com

MEMBERSHIP APPLICATION FORM

The Hon. Secretary
Box 1381
Nyahururu

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 ……..

I D card No ..... (Attach copy)

Mobile No .....

Employer/Business .....

Station /Business location .....

Terms of service (permanent or contract) .....

Date of admission.....

Official designation.....

AUTHORITY TO DEDUCT/COMMITMENT TO MAKE PAYMENTS.

(a) Monthly Savings.

I .....hereby authorize you to deduct/commit myself to pay the amount as per the Sacco requirements (i.e. Commission Shs 100 welfare Shs 400, Savings …….. Entrance fee Shs 1000 (once) and Exmas fund …….. every month with effect from..... until further notice.

Signature of Applicant …….. Date ……..

BANK ACCOUNT NO. ……

BANK ACCOUNT NAME ……

I was introduced to the Sacco by …….. Mobile ……..

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NOMINATION FORM

I…… I/D No.…….....of Post office Box ……..and mobile number.…….. hereby nominate the following nominee(s) to inherit my shares, deposits or interest in Nyanda Sacco society in the following manner:

NO.	Name of Nominee(s)	Relationship	% of sharing
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I hereby appoint ……..of ID No.…….. and mobile No. ……. to be the administrator because my nominee/s is/are under 18 years.

Given under my hand this ……day of…….. 20……..

Signature.……..

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CONFIDENTIAL

BURIAL/BENVOLENT FUND APPLICATION FORM

1. Contributors name……..
2. Date of birth…….. (ID NO) …….. (Attach copy)
3. Employer ……..Designation……..
4. Current address……Mobile Number……..
5. Name/s of spouse …….. IDNO…….. (Attach copy)
6. Name of children (Attach birth certificates or Baptism cards)

(a)…….. (b)……..
(c)…….. (d) ……..
(e) …….. (f) ……..
(g) …….. (h) ……..

7. Contributors parent names (Attach copies of ID)

(a)…….. (b)……..

8. Contributor's commitment

I declare that the information contained in this form is true to the best of my knowledge. I also hereby agree to contribute Ksh 400 each month and also update my account where necessary towards the fund.

Signature……..Date ……..

Burial and Benevolent fund runs annually from November to October and it caters for:-

1. Member's hospitalization.
2. Member's spouse hospitalization.
3. Member's death.
4. Member's spouse death.
5. Member's children death.
6. Member's biological parents' death.
7. Member's Retirement.

N.B The surplus is shared equally among the members at the end of the fund's year.

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CHRISTMAS WELFARE FUND APPLICATION FORM

I hereby make an application for membership to the Christmas welfare fund and agree to abide by the fund rules and regulations.

1. Contributor's Name in full .....
2. Employers Name.....
3. Employer's Address.....
4. Mobile Number.....

Authority to make deduction /commitment to pay

I .....hereby authorize you to deduct/commit myself to pay Kshs ..... (In words.....) from my salary every month with effect from.....being my contribution for the Christmas Welfare Fund until further notice.

Signature of applicant..... Date.....

Rules and regulations of the fund

1. Is a voluntary contribution by any willing member.
2. The Fund runs from January to December every year.
3. Amount so saved is only refundable in total at the end of the period.
4. Minimum contribution is kshs. 300/=.
5. No interest is earned on the funds so saved.
6. No interest is charged on the fund.
7. No loaning against the fund so contributed.
8. These rules and regulations are subject to changes from time to time.