

MEMBERSHIP APPLICATION FORM

1. NAME IN FULL:.....MEMBER NO:.....
2. OCCUPATION:.....TEL/CELL:.....
3. POSTAL ADDRESS (Business).....
4. RESIDENTIAL ADDRESS.....CHIEF:.....
5. DATE OF BIRTH:.....
6. PIN:.....INDVUNA:.....
7. NEXT OF KIN:.....RELATIONSHIP:.....
8. TELEPHONE:.....CELL:.....
9. NAME OF EMPLOYER:.....
10. GRADED TAX NO:.....
11. If application is accepted I agree to make an entrance fee of E.....and share capital of E.....and minimum savings of E.....
12. NAME OF BANK:.....BRANCH:.....
CODE:.....ACCOUNT NUMBER:.....
13. I AGREE TO ABIDE BY ALL THE LAWS OF THE SOCIETY.
14. BENEFICIARIES: N.B. In the event of death, I hereby submit the following as my beneficiaries:

NAME	RELATIONSHIP	ID NUMBER	PERCENTAGE

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

APPLICATION APPROVED/REJECTED BY COMMITTEE

Signature:.....Date:.....
(Secretary)