



KENTOURS SACCO SOCIETY LTD.

P.O. Box 79333-00200 Nairobi, Kenya Tel: 2227192 Cell: 0722 - 968596, 0733 667596 Fax: 218188
Email: info@kentours.co.ke

- RE: (I) APPLICATION FOR MEMBERSHIP
(II) AUTHORITY TO DEDUCT MY SALARY

I, the undersigned wish to apply for membership in Kentours Co-operative savings and credit Society Ltd. I do hereby authorize you to deduct from my salary Kshs..... towards my share contribution every month until further notice written from me and forward the same to the above mentioned society with effect from the month of

Also deduct membership fee of Kshs.1000.00 and By-law booklet fee of Kshs. 200.00 only once (i.e From the month of commencement)

Also deduct Kshs. 9,000 being purchase of the required minimum share capital 450 shares of Kshs 20/= each)

1. My name isI.D./Passport No.....
2. Date of Birth Present age
3. Employer
4. Designation
5. Present station
6. Payroll Number
7. Home Address
DistrictLocation
Name of Chief
Telephone (own)
Email Address

8. **NOMINATED NEXT OF KIN**

I, the undersigned in the event of my death while a member of the society hereby instructs the society to pay all amounts due to me, less and debt to the society, to the person / persons Named in this section irrespective of any will made by me. I understand that I may alter the Name of the nominated next of kin only by special written instruction to the society.

Nominated Next of Kin / Kins full name;.....
Relationship to applicant:I.D. No.
Address of nominated next of kin/kins

Nominated Next of Kin / Kins full name:.....
Relationship to applicant:I.D. No.
Address of nominated next of kin/kins.....

Signature of applicant Date
(Attach a photocopy of your I.D and two (2) passport photocopy)