



KENTOURS SACCO SOCIETY LTD

1st Floor Commodore Office Suites, Kindaruma Road, Kilimani, Nairobi
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E-mail: info@kentours.co.ke

SPOUSES MEMBERSHIP APPLICATION FORM

I, the undersigned wish to apply for membership in Kentours Savings and Credit Co-operative Society Limited. I do hereby agree to remit my contribution through the bank or any other acceptable mode of payment Kshs..... towards my shares/deposit contribution every month unless otherwise stating in writing by myself and forward the same to the above mentioned Society with effect from

I understand that I have to pay entrance fee of Kshs, purchase Kshs 9,000 being the minimum share capital of 450 shares of Kshs 20 each and also pay for a Bylaw booklet Kshs and any other fee that may be applicable at the time of joining the Sacco.

1. My name is: ID /PP No:
2. Email Address: Cellphone:
3. Date of Birth: Gender.....
4. (i) Name of SpouseID /PP No.....Mobile phone No.
(ii) Present employer/station of spouse
- (iii) Designation of spouse
5. (i) Occupation status (employed, self-employment, not employed)
- (ii) If employed state employer.....
- (iii) Payroll Number
6. Home Address: P.O. BoxPostal Code.....Town
- District..... Location.....
- Name of Chief.....

(Attach two passport photos and photocopy of your ID and Marriage Certificate)

7. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death while a member of the society, hereby instruct the Society to pay all amounts due to me, less any debt to the Society, to the person (s) named in my nominee card 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.

Date: Signature.....

Witnessed by 4 (i) above Date Signature.....