

FEWA SACCO SOCIETY LIMITED
APPLICATION FOR MEMBERSHIP
(Complete this Form in Block Capitals)

The Chairperson
P.O. Box 5560-00200
Tel. 0704420034/ 0735835277,
Email: fewasacco@fewa.or.ke
NAIROBI.



MEMBER NUMBER.....

I hereby make an application for membership and agree to conform to the Society's By-Laws and any amendment thereof.

APPLICANT INFORMATION				
Full Name: Mr./Mrs./Ms./Dr.				
DATE OF BIRTH:	ID/PASSPORT NO:	MOBILE NO:		
CURRENT ADDRESS:				
CITY:	COUNTY:	POSTAL CODE:		
HOME/PERMANENT ADDRESS:				
CITY:	STATE:	POSTAL CODE:		
GENDER:	E-MAIL:			
Are you a member of a Business/Entrepreneurs Association?				
If yes, please indicate name				
EMPLOYMENT INFORMATION				
CURRENT EMPLOYER:				
EMPLOYER ADDRESS:			HOW LONG?	
PHONE:	E-MAIL:	FAX:		
CITY:	STATE:	POSTAL CODE:		
POSITION:			MONTHLY INCOME:	
BUSINESS INFORMATION				
BUSINESS NAME:				
NATURE OF BUSINESS:			Phone:	
CURRENT ADDRESS:				
CITY:			Postal Code:	
BUSINESS LOCATION:				
APPROXIMATE MONTHLY INCOME:				
PAYMENT INFORMATION				
PROPOSED MONTHLY CONTRIBUTIONS (KSHS):				
AMOUNT IN WORDS:				
PROPOSED MODE OF REMITTANCES	Check off	Standing order	Direct Debit	Others specify:
EFFECTIVE DATE(dd/mm/yy):				
Entrance fee: (once) kshs.1,000. Share Capital Kshs 2,000 (20 shares @kshs.100 each). Minimum monthly contribution (by 15 th day of every month) ksh.2,000.				
NOMINEE/NEXT OF KIN INFORMATION				
<i>I, the undersigned in the event of my death whilst a member of the Society hereby instructs the Society to pay all amounts due to me, less any debts to the Society to the person named in this section. (The name of nominee can be given in a sealed letter). I understand that I may alter the name of the Nominated next of kin by filling a subsequent nominated next of kin form.</i>				

NAME	ID/NO	RELATIONSHIP	CONTACT ADDRESS/TEL	DATE OF BIRTH	%
APPLICANT SIGNATURE:			DATE:		
WITNESS NAME:			SIGNATURE:		

DECLARATIONS

I hereby declare that I have read and understood the contents of this form. The information provided in this form are true to the best of my knowledge and belief. I agree to abide to the by-laws of the society, regulations of the society and other facility and any other variations by the board of directors.

SIGNATURE..... DATE.....

FOR OFFICIAL USE ONLY

MEMBERSHIP APPROVED BY..... SIGNATURE..... DATE.....

MEMBER NUMBER.....

DATA CAPTURED
BY..... SIGNATURE..... DATE.....
....

SYSTEM APPROVAL
BY..... SIGNATURE..... DATE.....

MEMBER'S FILE OPENED
BY..... SIGNATURE..... DATE.....