

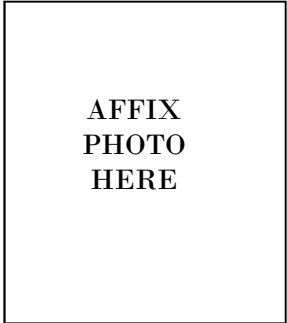


KMA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

MEMBERSHIP APPLICATION FORM

Instructions

1. Please complete this form in full
2. Use BLOCK LETTERS only to complete the form
3. Return this form with:
 - (a) Photocopy of your National Identity Card or Passport
 - (b) Photocopy of your KRA PIN Certificate
 - (c) Photocopy of either MBChB Certificate, Board Licence , Retention Certificate
 - (d) Two passport size photographs
 - (e) Kes. 2,500.00 being membership fee for Kes. 500.00 and a minimum of 100 shares at Kes. 20.00 per share



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Name: Prof/Dr/Mr/Ms _____ (Surname) _____ (Other Names)

D.O.B _____ (dd/mm/yyyy) **Sex** _____ **Nationality** _____

National ID/Passport Number: _____ **KRA PIN NO:** _____

Speciality: _____

	Office	Residential
Physical Address:	_____	_____
	_____	_____
	_____	_____
Contacts:		
PO Box	_____	_____
Code & Town	_____	_____
Mobile Number	_____	_____
Email	_____	_____

Next of Kin

a) Name _____ Relationship _____

ID Number: _____ (*Compulsory*)

b) Contacts: P.O .Box _____ Code _____ Town _____

Mobile No: _____

Email _____

Beneficiary (Compulsory)

a) Name: _____

ID Number: _____ (*Where applicable*)

Date of Birth: _____
(dd/mm/yyyy)

b) Contacts: P.O .Box _____ Code _____ Town _____

Mobile No: _____

Email _____

c) Relationship to applicant: _____

Mode of Payment:

a) Initial payment: M-PESA/Cheque/Bank Deposit (strike off as appropriate) Minimum kes. 2,500

b) Subsequent payment shall be by: Direct bank deposit/cheque/Direct Debit/ Standing Order, paid:
Monthly/Quarterly/Semi-Annually/Yearly. (strike off as appropriate)

I, _____ ID No. _____

declare that the following foregoing particulars are correct and undertake to abide by the by-laws and rules of the Society.

Bank _____ Branch _____ Account _____

Signature _____ Date _____

For Official Use Only

Application for membership accepted/declined

Signed: Chairman

Secretary