

# CHURCH EMPLOYEES MEMBERSHIP FORM



## ADVENTIST SACCO SOCIETY LTD.

PO. BOX 41352-00100 NAIROBI.  
Cell: 0777900074, 0721604765

(Attach a  
current  
colored  
passport  
photo & a  
copy of ID

### APPLICATION FOR MEMBERSHIP AND ADMISSION.

(Registration Fee Ksh. 2000.00)

#### APPLICANTS DETAILS.

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport No \_\_\_\_\_  
KRA Pin No. \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Marital Status: Married [ ] Single [ ] Other \_\_\_\_\_  
Nationality \_\_\_\_\_  
Name of employer \_\_\_\_\_  
Occupation \_\_\_\_\_ Postal Address \_\_\_\_\_  
Terms of Service (Permanent, Contract Casual) \_\_\_\_\_ Employer's Telephone \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Town/City \_\_\_\_\_ Code \_\_\_\_\_

#### BANK DETAILS

Bank Name \_\_\_\_\_  
Bank A/C \_\_\_\_\_ Bank Branch \_\_\_\_\_

- ✓ All members must mandatorily pay up a **MONTHLY INSURANCE FEES of KSH. ONE HUNDRED AND FIFTY ONLY (150.00)** which is a sinking fund and hence non- refundable.
- ✓ For all new members it is mandatory requirement to buy at least **200 shares @ KSH. 100/= each**. The minimum SHARE CAPITAL value is KSH. 20,000/= which should be paid at once or developed in at most 18 months from the date of membership. These shares are non-refundable but may be traded amongst members on withdrawal.
- ✓ All members must mandatorily pay the **INVESTMENT SHARES as per category identified (Gold- 100,000. Silver- 70,000 and Bronze-50,000 within a period of twenty four months.**

**DEPOSIT** is the monthly savings contribution a member puts in to enable him/her obtain a loan at a later date. The minimum monthly deposit contribution is KSH. 1000/= ONE THOUSAND ONLY. Deposits are refundable only on membership withdrawal after issue of sixty (60) day notice to the society.

I authorize you to deduct KSH. \_\_\_\_\_ From my total earnings per month, effective from (month) \_\_\_\_\_ (Year) \_\_\_\_\_ (Kindly attach a copy of your pay slip, National ID/Passport & KRA Pin Certificate.)

Applicant's signature: \_\_\_\_\_

Member introduced by \_\_\_\_\_ Member no \_\_\_\_\_

#### EMPLOYER'S RECOMMENDATION

I confirm that the applicant stated in the foregoing details is employed by the organization/institution. I further certify that the information submitted above is correct as per our records. Subject to the rules and policy of the society, I support the application and will effect deductions as required by law and will duly inform the society should the employee be transferred or discharged from our employment.

Employer's Signature

Name

Designation \_\_\_\_\_ Date

Organization's Official

Rubber Stamp

#### Official Use only

The Above member has been accepted/rejected into membership of Adventist Sacco on this day of \_\_\_\_\_ 20 \_\_\_\_\_ by the society management committee vote minute no. \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_ Date \_\_\_\_\_

# CHURCH EMPLOYEES MEMBERSHIP FORM

## THE CO-OPERATIVE SOCIETIES ACT FORM VII-NOMINATION FORM



**TO: THE CHAIRMAN,  
ADVENTIST SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED,  
P.O. BOX 41352-00100 NAIROBI – GPO**

I \_\_\_\_\_ I.D No \_\_\_\_\_ having applied to be  
a member of Adventist Sacco Society Ltd; hereby nominate the following nominee(s) to  
inherit my Shares, Deposits and Interest in the said Society in the following manner:

Name of nominee(s)	Date of Birth	National I.D No.	Relationship	% of Deposits/Interest
1.				
Address		Mobile Phone		
2.				
Address		Mobile Phone		
3.				
Address		Mobile phone		
4.				
Address		Mobile phone		
Totals				100%

Given under my hand on this \_\_\_\_\_ day of month \_\_\_\_\_ year \_\_\_\_\_  
Applicant's signature \_\_\_\_\_

**Witnessed by: (Must be two members of the Adventist Sacco Society LTD)**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Membership No. \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Membership No. \_\_\_\_\_ ID/Passport No. \_\_\_\_\_