



KARUSCO SACCO SOCIETY LIMITED

Po Box 1957 -10101 Karatina,

Email: karusco@karu.ac.ke

Tel +254 797 313 762

MEMBERSHIP APPLICATION FORM

Date.....

*Attach a recent coloured passport photograph and a copy of your ID/Passport

A. I/we hereby apply for Membership of Karusco Sacco Society Limited.

1. Applicant’s Full Name
(Name of the individual applicant)
2. Applicant’s Address.....
3. GenderDate of Birth.....
4. ID Card No (attach copy of your ID)PF No.....
5. KRA PIN: (attach copy)
6. Marital Status.....
7. Residential Address
8. Physical Location.....
9. Telephone NoEmail.....
10. Secondary Telephone NoSecondary Email.....
11. Occupation
12. Name of EmployerAddress of Employer ...
.....
13. Nature of Employment
14. If application is acceptable, I agree to pay an entrance fee of **Kshs 500** (five hundred shillings) and initial shares of **Kshs 10,000** (ten thousand shillings).
15. I agree to abide by the By-laws and any other rules and regulations governing the society.

16. Emergency Contact **Name**..... Relationship.....

17. Emergency Contact **Tel No:**

Signature:
(Applicant)

A. FOR OFFICIAL USE ONLY

This application is approved/rejected by the Management Committee

Membership number allocated

Signed:

B. SECRETARY/MANAGER

For and on behalf of KARUSCO SACCO SOCIETY LIMITED

Date:



KARUSCO SACCO SOCIETY LIMITED

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NEXT OF KIN FORM

To
The Chairman,
Karusco Sacco Society Ltd,
P. O. Box 1957 – 10101,
KARATINA

I.....I/D No..... of P.O Box member of
KARUSCO Sacco Society Ltd; being member No..... hereby nominate the following nominee(s) to inherit
my shares or interest in the said Society in the following manner:

	Name of Nominee (s)	Relationship	ID/BC NO.	% of Share/Interest
1				
2				
3				
4				
5				
6				

NOTE: (Provide ID NO. if Next of Kin is an Adult)

Witnessed by:

1 I/D No.....
Address..... Signature.....

2 I/D No.....
Address..... Signature.....

Given under my hand this.....day of..... .20.....

Signature..... (Applicant)



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AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

TO,
The Head of Finance

Through;

KARUSCO Sacco Treasurer
P. O. Box 1957 - 10101
KARATINA

II/D NO.....P F/NO. of P.O. Box
.....hereby authorize you to make monthly deductions from my salary of
Kshs..... (In words.....
.....) to be remitted
to KARUSCO Savings and Credit Cooperative Society Ltd, to be credited towards my shares /deposits account
as well as an initial entrance fee of **Kshs. 500**. From time to time the society may advise me on any other
deductions on my behalf given under my hand. These instructions shall remain in force unless altered by me in
concurrence with the society.

Given under my hand this day of..... 20.....

Name..... I/D No..... Signature.....

(For Official Use Only)

Received on..... (Date).....

Date of Admission.....

Forwarded by..... (Treasurer)

Signature.....Date

Cc:
Chairman
Karusco Savings and Credit Co-operative Society Ltd.
P.O. Box 1957 KARATINA