



G-Jenge Youth Sacco

NAROK, SULEIMAN HOUSE, 2ND FLOOR, ROOM 15
P.O. BOX 507, NAROK

Cell:
0725-645374

Email:
info@gjengesacco.com

APPLICATION FOR MEMBERSHIP (COMPLETE THIS FORM IN BLOCK LETTERS) (ATTACH COPY OF ID/PASSPORT)

Attach Passport
Photo

1. APPLICANTS PERSONAL INFORMATION

I hereby make an application for membership and agree to abide to the societies by-laws and any amendments thereof.

LAST NAME FIRST..... OTHERS.....

DATE OF BIRTH

NATIONALITY ID No.

PERMANENT ADDRESS

CURRENT ADDRESS

CURRENT OCCUPATION (Tick where applicable) BUSINESS [] EMPLOYED []

IF EMPLOYED, NAME OF EMPLOYER

PHYSICAL ADDRESS

TELEPHONE AND EMAIL ADDRESS OF EMPLOYER

DESIGNATION

IF IN BUSINESS, NATURE OF BUSINESS

PHYSICAL ADDRESS OF BUSINESS

TELEPHONE E-MAIL

2. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, whilst a member of the society, hereby instruct the society to pay all amounts due to me less any debts to the society, to the person(s) named in this section. I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin Form.

| Name | Relationship | %of Deposits | ID Number | Address |
|------|--------------|--------------|-----------|---------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

WITNESSED BY:

1. ID M.No.

Address..... Signature.....

3. COMMITMENT TO CONTRIBUTE DEPOSITS

I hereby commit to make a monthly contribution of Kshs every month with effect from the
Month of _____ 20_____.

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

Signature.....

HOW DID YOU GET TO KNOW ABOUT G-JENGE YOUTH SACCO?

From a friend [] Through our website [] Through Facebook [] Through the Radio []

Came physically to G-Jenge office []

FOR OFFICIAL USE ONLY

Member admitted on day of 20.....

Member No.....

Signed by the Chairman of the SACCO

SignDate.....