

WAUMINI HOUSING CO-OPERATIVE SOCIETY LIMITED

**P.O BOX 66761- 00800
WESTLANDS NAIROBI KENYA**

**Tel: 0741 185 443
Website: www.wauminihousing.com**

Serial No.

APPLICATION FOR MEMBERSHIP FORM

Requirements:

1. Passport size photograph.
2. Photocopy of National Identity Card/Passport.
3. Copy of KRA PIN certificate.

ATTACH PASSPORT
PHOTO

I hereby make an application for the membership and agree to conform to the Co-operative By- laws and any amendment thereof. (Complete this Form in Capital Letters)

SECTION 1: APPLICANT'S PERSONAL INFORMATION

FULL NAME (Mr./Mrs/Miss/Dr./Fr./Sr): _____

GENDER: MALE FEMALE

DATE OF BIRTH: _____ ID/PASSPORT NO _____ WAUMINI SACCO NO _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

MOBILE NO: _____ EMAIL ADDRESS: _____

SECTION 2: EMPLOYMENT DETAILS

EMPLOYER: _____

PHYSICAL ADDRESS _____

POSTAL ADDRESS: _____ POSTAL CODE _____

TELEPHONE NO: _____ EMAIL ADDRESS: _____

SECTION 3: REMITTANCES

I hereby pay entrance fee of Ksh. _____, share capital of Ksh. _____ and commit to pay Ksh. _____ monthly deposits until further notice.

All remittances should be deposited in Waumini Housing Society Limited, **Equity A/c No. 0550273458790** Westlands Branch or through Paybill **No. 909530** - Account No. should be Waumini Housing Member number. (Always indicate your Waumini Sacco member number and full names on the deposit slip)

Caution: DO NOT PAY CASH TO ANY INDIVIDUAL

SECTION 4: BENEFICIARY DETAILS

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 nominees' 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 Forms.

Full Name	Relationship to member	Allocation in %	ID/passport No.	Postal Address	Mobile No

Where the nominee is a minor (below 18 years of age), give details of the guardian:

GUARDIAN NAME: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

MOBILE NO: _____ EMAIL ADDRESS: _____

SECTION 5: DECLARATION

I declare all the information given herein is true and I shall abide by all the terms and conditions laid down by the Housing Co-operative. (Note: Giving false information is an offence under the laws of Kenya)

APPLICANT'S SIGNATURE: _____ DATE: _____

WITNESS NAME: _____ WAUMINI SACCO NO: _____

WITNESS SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is correct:

MEMBERSHIP NO: _____ DATE REGISTERED: _____

REGISTERED BY: _____ SIGNATURE & DATE: _____

VERIFIED BY: _____ SIGNATURE & DATE: _____

APPROVED BY: _____ SIGNATURE & DATE: _____