RUBANI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

RUBANI HOUSE, OFF AIRPORT NORTH ROAD EMBAKASI, P.O. BOX 57509 NBI

Tel: +254-707-806-577, email:rubanisacco@gmail.com

MEMBERSHIP APPLICATION FORM			
NAME			
EMAIL ADDRESS		ID/PASSPORT NO	
DATE OF BIRTH		PHONE NUMBER	
EMPLOYER		STAFF NUMBER	
BANK NAME			
BRANCH NAME		ACCOUNT NUMBER	

I hereby make application for Membership of RUBANI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD and agree to abide by the Society's Bylaws and any subsequent amendments thereof.

DEDUCTION FROM MY SALARY/PROCEEDS

I hereby authorize you to make deductions from my salary/proceeds of Ksh._____with effect from _____as my monthly contribution to Rubani Savings and Credit Society Ltd. The said Society may from time to time advise you on other deductions; these instructions shall remain in force unless altered by me in concurrence with the said Society.

NEXT OF KIN DETAILS

I hereby nominate the following nominee(s) to inherit my shares and/or interest in the said society in the following manner.

NAME OF NEXT OF KIN	**RELATION**	**ID NUMBER**	**PHONE NUMBER**	**%**
1.				
2.				
3.				
4.				
5.				

SIGNATURE	**DATE**

Attach a copy of your ID and a passport photo and email to rubanisacco@gmail.com

MEMBERSHIP APPROVAL (OFFICIAL USE ONLY)
Approved/Not approved (delete as appropriate)

Kindly note that membership will be deemed active when monthly contributions are received.