

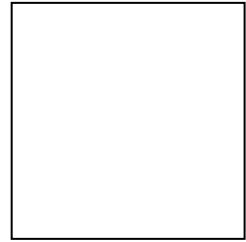


# Verona Huruma Sacco

Nurturing Economic Growth Through Faith

HOLY TRINITY KARIOBANGI CATHOLIC CHURCH

COMPLETE THIS FORM IN BLOCK LETTERS



## 1. APPLICATION FOR ADULT MEMBERSHIP

I hereby make an application for membership and agree to conform to Sacco's guidelines and amendments there of:

Full Names.....Residence.....

ID No/Passport No.....Telephone.....e-mail.....

P.O Box.....Code.....Town.....

Occupation (Employed/ Self employed) .....

*(If self employed, please explain the nature of employment)*

.....

Signature of the applicant..... Date.....

**INTRODUCED BY:** Name.....M/No.....Signature.....

## 2. FOR SACCO OFFICIAL USE ONLY.

<p><b>i.</b> Date of Admission to membership</p> <p>Member's registration</p> <p>Chairpersons Signature..... Date.....</p> <p><b>ii.</b> Date of withdrawal..... Date of refund.....</p> <p>Chairpersons Signature..... Voucher No.....Cash/Cheque No.....</p>
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**NOMINATION OF NEXT OF KIN**

**I the undersigned in the event of my death whilst a member of the Sacco hereby instruct the Sacco to pay all amount due to me less any debts to the Sacco to the person (s) named in the nominated next of kin form.**

**I understand that I may alter the name of the nominated beneficiary by filing in a subsequent beneficiary:**

**Please Include my nominated next of kin as here below:-**

**1) First Nominee**

Name ..... ID No/ Cert No.....

Mobile.....Date of Birth..... Relationship to member .....

SPECIAL INSTRUCTIONS .....

**2) Second Nominee**

Name ..... ID No/ Cert No.....

Mobile.....Date of Birth..... Relationship to member .....

SPECIAL INSTRUCTIONS .....

**3) Third Nominee**

Name ..... ID No/ Cert No.....

Mobile.....Date of Birth..... Relationship to member .....

SPECIAL INSTRUCTIONS .....

**IN CASE THE NOMINEE IS A MINOR**

Trustee Name: ..... ID No: .....

Mobile: .....Date of Birth: ..... Relationship to member: .....

SPECIAL INSTRUCTIONS: .....

Members Signature: ..... Date: .....

**FOR SOCIETY USE ONLY:**

PROCESSED BY: ..... Signature: ..... Date: .....

Chairperson B.O.D ..... Signature: .....Date: .....

Confirmed by: ..... Signature: ..... Date: .....