



ISK SACCO SOCIETY LTD
3RD FLOOR, ALIBHAI SHARIFF HSE P.O. BOX 40707 – 00100 **NAIROBI**
TEL: 020 313490 TELEFAX: 020 2214770

DATE:

APPLICATION FOR MEMBERSHIP

I HEREBY MAKE APPLICATION FOR MEMBERSHIP OF YOUR SOCIETY AND AGREE TO ABIDE BY THE BY-LAWS/OR ANY AMENDMENTS THEREOF.

(A) PERSONAL PARTICULARS

NAME: PROF/DR/MR./MRS./MISS

DATE OF BIRTH I/D NO. (attached copy)

EMPLOYER DEPT/SECTION

PIN NO..... ISK M.NO (Optional)

PRESENT ADDRESS

HOME ADDRESS

STATION..... DESIGNATION

TERMS OF SERVICE DATE OF 1ST EMPLOYMENT

(B) NEXT OF KIN AND ADDRESS

I) NEXT OF KIN NAME

RELATIONSHIP TO APPLICANT ID NO.

POSTAL ADDRESS TEL:

II) NEXT OF KIN NAME

RELATIONSHIP TO APPLICANT ID NO.

POSTAL ADDRESS TEL:

(C) OTHER PARTICULARS

ENTRANCE FEE (KSH. 500 ONCE ONLY)

SHARE CONTRIBUTION (MINIMUM KSH.500). PER MONTH

APPLICANTS SIGNATURE

FOR OFFICIAL USE ONLY

DATE OF ADMISSION TO MEMBERSHIP

APPROVED BY MANAGEMENT COMMITTEE MIN. M/NO DATE

CEO (SIGN)..... DATE